



Health Governance and Covid19 Pandemic in South Asia: An Afghanistan Perspective

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ABSTRACT

For more than a year, countries and the international community are involved in the fight against the Covid19 pandemic. Different countries have also been making tireless attempts to produce a vaccine to contain the virus. The United States and England have started to offer vaccination doses to their citizens in action recently. Efforts by India, China, and other countries have begun to provide Covid19 vaccines to the people and the world. With the spreading of covid19 from China to the world beyond, countries were put on a difficult path that affected their national economies, particularly developing countries. In this regard, South Asia faced difficulties while the Covid19 spread into the region. In this paper, the gaps and drawbacks of the South Asia health system have been explored and pointed out its challenges and deficiencies amid the Covid19 pandemic in general. Besides, the paper has also examined the case study of Afghanistan regarding the fight against Covid19. Common challenges have been highlighted that affected the combat against Coronavirus in Afghanistan. The flawed health system, mismanagement, and misappropriation of the Covid19 budget allocated and donated by the government, international community, and donor countries have also been explored and analyzed, making the paper's core issue.

KEYWORDS

Afghanistan, covid-19, health governance, corruption, health security

INTRODUCTION

The novel coronavirus in China, for the first time, was identified with severe acute respiratory syndrome Coronavirus 2 (SARS-CoV-2), causing morbidity and mortality in human beings those having old age, hypertension, diabetes, and obesity to be hospitalized and may increase the risk of death in Covid19 patients. It was surfaced in the Chinese seafood and poultry market in December 2019 spread to the entire world, and the virus has killed 1.6 million people, and the virus has contracted more than 76 million people within the past 2020 (Taylor, D. B. 2021). The World Health Organization declared the novel Coronavirus as a Public Health Emergency of International Concern on 30 January 2020, posing a risk to countries with vulnerable health systems (Sohrabi, C., & Agha, R. 2020). On 11 March 2020, World Health Organization declared the outbreak of Covid19 as a worldwide pandemic while the virus quickly started to spread out of China beyond to the world. The Covid19 pandemic posed formidable challenges and obstacles to the SAARC member countries from China to South Asia. From flawed health systems to economic, social, poverty, and corruption — all played a risky role against human life. India has been the most affected country, followed by Pakistan, Bangladesh, Nepal, and Afghanistan. The story may a little be exceptional than the South Asia seven rest countries. Along with so many troubles, corruption, mismanagement, and the ongoing war in fighting against Covid19 faced sluggish combat and caused confusion and chaos. Hence, the SAARC region fought against Covid19 by having a weak health system and low economy. It has still been going through ups and downs in part of medical facilities, poverty, financial losses, and insecure situations.

Health Governance of South Asia and Problems Amidst Covid19 pandemic

South Asia, a region consisting of eight countries, has one-fourth or representing 25% of the world's population — over 1.8 billion people of the region and only 5% of the world's gross domestic product (GDP) (Sarkar, A. et al. 2020). The people of the region have been undergoing critical conditions of a lifetime, mostly in countryside locals. Governments of the region have not been perfectly able to address their citizens' needs and have not provided better life expectancy services. The region under the South Asia Association for Regional Cooperation (SAARC) chart has done nothing to provide healthcare services collectively. A common reason for political instability and historic conflicts prevail in South Asia for years. People who are living in rural areas of South Asia, by a large extent, are not satisfied with the current low-quality health care system, or they can't have access to urban areas to utilize health services relatively. Access to urban areas' healthcare services can be caused by long distances, uncomfortable transportation, gender disparities, and low health knowledge. People, due to weaker governance of public health services, rely on private sector services of sanitary. They indirectly spent out of pocket percentage looking higher and comprising 56% of total expenses in Pakistan, 62% in India, 64% in Afghanistan, and 67% in Bangladesh.

Social and private health insurance ranges from 0% of total health expenditure in Afghanistan to 7.7% in India (Zaidi, S. et al., 2017). On the other hand, in the Global Health Security (GHS) 2019 index report, eight members states under SAARC charter in South Asia rankings out of 195 countries; Afghanistan 130 with 32.3 scores, Bangladesh 113 with 35 scores, Bhutan 85 with 40.3 scores, India 57 with 46.5 scores, Maldives 121 with 33.8 scores, Nepal 111 with 35.1

scores, Pakistan 105 with 35.5 scores and Sri Lanka 120 with 33.9 scores (Global Health Security Index, n.d.). Among them, Afghanistan has the worst place due to a national health system and professional capacities. India has gained a unique position in South Asia with better scores. Based on GHS Index rankings, the rest of South Asia states face countless healthcare services gaps to fight effectively against pandemics like Covid19 and other epidemic diseases. Health care deficiencies are highly measured in South Asia's public health care sector; shortage of health workers, poor infrastructures of health centers, and low investment in the public health sector. Overall, in 2015, the total expenditure on public healthcare in South Asia was almost 0.4-2% of gross domestic product (GDP), which was called the lowest globally (Sengupta, A. et al. 2018). For example, World Health Organization recommends 2.28 staff — doctors, nurses, and midwives per 1000 people to deliver health services (WHO, 2006). In such circumstances with minimal healthcare facilities in South Asia, fighting with plague and epidemic diseases is a possibly more challenging duty seen in the region by the outbreak of Covid19 abruptly. India, Pakistan, Bangladesh, and Afghanistan faced intolerable difficulties. Notably, health governance has still been a challenging matter in South Asia, where the primary investment in the public healthcare sector looks poor and equally accessible to all populace.

Regarding the Covid19 pandemic, two everyday things could be considered problematic against the governance of the Covid19 pandemic in South Asia — particularly for India, Pakistan, Bangladesh, Afghanistan, and Nepal — first, densely population and second, lack of public health care providers. For instance, people are not feeling comfortable with the current flawed health system in Afghanistan, which can't meet their sufficiency sensibly. The same story exists in India, Bangladesh, and Pakistan. Meanwhile, the socio-economic conditions of South Asia are not running well. The low-income world only represents 33.4% of South Asia countries, which, for living, accounts for 1.90 USD per day (Sarkar, A. et al. 2020). Covid19 pandemic as a health crisis has been a challenging matter to the entire world from the beginning. Nation-states have been combating the plague days and nights where the entire world has been undergoing social and economic troubles. For South Asia, the pandemic proved to become fearsome rather than in other regions. Preparedness against pandemics like Covid19 in southern countries was not empty of terrible situations.

According to the United Nations Economic and Social Commission for Asia and Pacific [UNESCAP], there have been gaps in social infrastructures and poor sustainable development goals that affected profoundly on the combat of Covid19 pandemic containing low-level preparedness. As per the UNESCAP:

"Gaps in public health infrastructure have been exposed in addressing the pandemic. Also, the sub region does not provide sufficient access to basic sanitation facilities, and broadband connectivity to facilitate alternative working arrangements during the containment phase. However, on an average Bhutan, Maldives, and Sri Lanka are better equipped in terms of these basic amenities than other countries in the sub region" (UNESCAP, 2020).

Being the second densely populated nation, India has just 0.5 hospital beds for every 1000

people compared to 4.3 in China and 3.2 in Italy (Miglani, S., & Bhattacharjee, N. 2020). In the initial days of the outbreak of Covid19, India had 40,000 ventilators, one doctor per 11,600 people for 1.3 billion people of a country looks impossible to handle a pandemic with a lack of first-needed medical equipment (Sofi, J. 2020). Pakistan, a country of 220 million people, had just 1,700 ventilators throughout the country while the outbreak of Covid19 took place. According to New York Times report, Karachi had 600 beds in intensive care units, a city of more than 20 million people (Rehman, Z. Abi-Habib, M., & Mehsud, I. T. 2020). Despite healthcare enormous challenges and obstacles, the governments owned the universal approach imposed lockdowns, quarantined families in their respective homes, suspended travels, closed bureaucratic offices and academic institutions, including schools and universities, as well as religious centers to place as control measures to contain the spread of Coronavirus in the region. According to the UNESCAP, Nepal, and Afghanistan, the topper imposing stringency measures scoring 93 and 84, followed by Bangladesh 82, Pakistan 80, India 79, and Sri Lanka 77, caused severe socio-economic impacts.

It has been nearly eleven months since the first case of Coronavirus registered on 30 January 2020, in Kerala, India, a student who had returned from Wuhan University China tested positive (Perappadan, B. S. 2020). The tally of confirmed cases within eleven months has exceeded 1,02,66,674, including 1.48 lakh deaths in India (NDTV, 2020). The figure of official cases of Coronavirus in Bangladesh has surged to 512,496, with 7,531 deaths (WHO, 2020). Pakistan confirmed coronavirus cases tally has also been 479,715, including 10,105 deaths (Worldometer, 2021). Besides, Nepal confirmed coronavirus cases had reached 260,593 with 1,856 deaths (Worldometer, 2021). Officially, India, Bangladesh, Pakistan, and Nepal are the most affected countries in South Asia by the Covid19 pandemic. In other countries, Afghanistan, 52513 confirmed cases with 2,201 deaths, followed by Sri Lanka 43299 with 204 deaths, Maldives 13757 with 48 deaths, and Bhutan 670 cases with no death number had faced difficulties (Worldometer, 2021). These figures of Covid19 cases have been registered till the end of 31 December of 2020, and it is being continued to register new cases every day in South Asia and throughout the world until curative vaccines are developed.

After launching the World Health Organization (WHO) Covid19 Solidarity Response Fund on 13 March 2020, it raised voluntary donations through donors worldwide to combat the Covid19 pandemic (WHO, 2020). SAARC member countries propose India start a regional cooperation initiative under the SAARC Covid19 Emergency Fund. Heads of states of SAARC nations held the first video conference on 15 March in which the heads of states came together for engagement against the Covid19 pandemic. Indian Prime Minister Narendra Modi announced 10\$ million for the fund, including the other SAARC member countries heads, and suggested sharing and exchanging information, task force, medical support, health workers training, and relative contribution Covid19 (The Hindu, 2020). The rest of the countries — Afghanistan donated one million dollars, Bangladesh \$ 1.5 million, Bhutan \$ 100,000, India ten million dollars, Maldives \$ 200,000, Nepal almost \$ 831,393, Pakistan \$ 3 million, and Sri Lanka \$500,000 to the Covid19 emergency fund (SAARC Disaster Management Centre, 2020). As a result, combating Covid19 in South Asia has been still looking an arduous task. Every day number of coronavirus cases gets either higher or lower. Lockdowns are not removed and are assessed by the governments of respective countries.

The outbreak of Covid19 in Afghanistan — Challenges and Deficiencies

The pandemic of Corona Virus disease (Covid19) for the first time was identified in Wuhan, China, in December 2019. On 11 March 2020, World Health Organization declared the outbreak of Covid19 as a worldwide pandemic while the virus quickly started to spread out of China onward to the world, infected 595,800 people thoroughly, including 27,324 deaths globally. It was identified with severe acute respiratory syndrome Coronavirus 2 (SARS-CoV-2), causing morbidity and mortality in human beings. Those with old age, hypertension, diabetes, and obesity are hospitalized and may increase death risk in Covid19 patients (Muniyappa, R. &Gubbi, S. 2020). Efforts have been started in every respective state to combat the worldwide plague to control it effectively from dissemination heavily. Some countries came late to take action, and some responded soon to prevent the spread of the Covid19 pandemic.

In the beginning, South Asia, a region of one-quarter of the world population, seemed to be the least affected region than the European countries, the United States and China. In later times, South Asia as a regional block could hit seriously by the Covid19 pandemic where the eight-member states of SAARC faced economic and social problems. In comparison, all eight states of South Asia declared lockdowns in their respective countries to contain the spread of Covid19.

War-torn Afghanistan, in initial times, was affected mainly by neighboring country Iran where the outbreak of Covid19 emanating from China to Iran. Qom was the first hunt by Coronavirus, a city near Tehran where the first case of Covid19 on 19 February 2020 was reported (Dodangeh, M. et al. 2020). Qom was the home city of Covid19, spreading the plague to other Iran provinces, even to neighboring Herat, Afghanistan. On 24 February 2020, the first case of the Coronavirus registered in western Herat province bordering Iran. The infected patient had come from Qom city of Iran to Herat (Sedighi, A. Q., & Karim, S. 2020). Initially, as the spread of Coronavirus was being grown rapidly in Iran, the country's behavior towards Afghan refugees and laborers settling in Iran's Qom and other cities was brutal. Every day, Iran was forcefully expelling thousands of Afghans to Afghanistan through Nimroz and Herat borders based on the returnees' reported complaints. According to the UN migration agency report, more than 100,000 Afghans were deported or returned voluntarily to the country due to the fears of Coronavirus and lockdown in Iran (Anadolu Agency, 2020). The Afghan government didn't have regular pre-plans to manage the massive influx of Afghans from Iran to Herat and Nimroz provinces, further going to their homes. Objects on government increased of no devised strategy to combat with Covid19 pandemic in the country. In a television speech, President Mohammad Ashraf Ghani underlined that the government utilizes all available resources to contain the Coronavirus in Afghanistan (Anadolu Agency, 2020). Furthermore, the government was also late in implementing nationwide lockdown due to poverty and economic hardships. The outbreak of Covid19 in the Afghanistan government and the people of Afghanistan have been faced some enormous challenges where it put the life expectancy at risk.

Poor Health Care System

The health system status of Afghanistan was estimated as the worst one across the world. The four decades of conflicts in Afghanistan have ruined the public health infrastructures alongside other national foundations. It has started to recover with the help of the international community and donor countries steadily since the fall of the Taliban. Still, gaps have been seen immensely in

the health system as the country has ranked 130 with 32.3 scores out of 195 countries in the Global Health Security Index of 2019 (GHSI, n.d.). Based on the ranking of GHSI, Afghanistan is lagged behind South Asia countries.

On the other hand, Afghanistan's value for the 2019 human development index is 0.511. The country has ranked 169 out of 189 countries in Human Development Index (HDI). Comparing to Nepal ranked 142 with the value 0.602 and Pakistan ranked 154 with the value of 0.557 in HDI, a Human Development Index (HDI) evaluating three dimensions of human development — a long and healthy life, access to knowledge, and a decent standard of living (UNDP, 2020). Meanwhile, in Afghanistan, 55.9 percent of the population is multidimensionally poor. Additionally, 18.1 percent of the population are vulnerable to multidimensional poverty based on the 2015 and 2016 data survey for Afghanistan's Multidimensional Poverty Index (MPI) assessment (UNDP, 2020). So, the problems are broader in the health sector, where people have been suffering long-term disease and don't have access to quality treatment. Dependency from the people in the health sector has been higher than approaching the public health sector. Maternal, newborn, and under-five age mortalities are prevalent due to inadequate health facilities in Afghanistan. With the various existing challenges, the country with donors and World Health Organization's contributions have taken sluggish forward to provide public health facilities in the last twenty years. In 2018, 3,135 health facilities became operational, and that was almost 87% of the population could have access within two hours. The outbreak of the Covid19 pandemic in Afghanistan indicated the reality of Afghanistan's weaker health system that pushed the country into a health crisis. Minimal health facilities and the lack of sanitary professionals made it impossible to control and contain the spread of Coronavirus in the country.

The first thing about the Covid19 pandemic that came to the picture was the process of limited Covid19 tests. Only 11 Covid19 testing laboratories across the country were operative, out of that in Kabul (National Public Health Lab, National Veterinary Lab, Afghan-Japan Hospital, Military Hospital, and FMIC), and one each in Herat, Kandahar, Nangarhar, Balkh, Paktya, and Kunduz." (Lucero-Prisno III, D. E. et al. 2020) lacking Covid19 testing laboratories was one of the biggest challenges to the government and a remarkable deficiency felt in the health system. Provincial hospitals would take Covid19 samples of suspected patients and send them to Kabul for Coronavirus results. There was a huge delay in revealing the results. Thus, people were disappointed and chose to stay at homes instead of approaching public hospitals for Covid19 tests. The massive influx of Covid19 patients and lack of health personnel showed that staying home in isolation is better than being isolated in public hospital beds.

On the other hand, limited beds in hospitals couldn't help with Covid19 patients wholly. There have already been unlimited complaints in this regard. In initial times, Covid19 testing capacity started from 100 tests per day that couldn't help combat against the spread of Covid19, but testing capacity improved gradually. As per the Public Health Deputy Minister Waheed Majroh, the Afghanistan Public Health Ministry has the capacity of Covid19 testing as many as 2,000 tests per day (AFP, 2020). It has still been a challenging issue, and there have been countless infected Covid19 patients without being confirmed by the country's test laboratories of Coronavirus. Apart from the beginning of the spread of Covid19, all the South Asia states had been faced low testing capacities, but they improved very well. When the nationwide lockdown was imposed in India, a total of 6,500 samples had been tested, and in mid-March, the daily

testing capacity was just 1,400 samples (Baharali, I., Kumar, P., & Selvaraj, S. 2020). The Indian response to Covid19 improved by degrees in increasing testing capacity that India set a record of nearly 15 hundred thousand tests within 24 hours (Sinha, D. 2020). Besides, the shortage of oxygen was another regretted issue felt in the current health system. Covid19 patients were suffering from breathtaking because of no artificial ventilators. According to public health officials, only 300 ventilators are available across the country. (Reliefweb, 2020). This figure couldn't address the emergency needs of the Covid19 patients, and many of them succumbed to the virus not adequately receiving treatment. The Covid19 has infected unofficial cases of Coronavirus, based on the Ministry of Public Health with the support of WHO and John Hopkins University survey, more than ten million people. Five million people are believed infected in Kabul (Reliefweb, 2020). Lack of professionals training and personal protective essentials were amongst the fundamental challenges to govern the pandemic.

Similarly, Bangladesh, India, Nepal, and Pakistan faced chronic deficiency of oxygen and artificial ventilators. In this case, the story of the essential equipment of health goes in common, and it is a universal problem in the Covid19 pandemic hit. Still, in a war-torn Afghanistan, the Covid19 pandemic went out of control from the government to manage it effectively despite complex challenges.

Corruption in Health Governance

Despite the deficiency of national budget, fragile health system, and low possibilities, prevalent corruption in Afghanistan, particularly in public health care amidst pandemic doubled problems of accountable and transparent health governance. In the beginning, President Mohammad Ashraf Ghani announced to allocate 25 million USD funds to fight against Coronavirus in the country (Rutting, T. 2020). Afghan government didn't stop its attempts and urged the international community and donor countries to provide aids for the containment of the Covid19 pandemic in Afghanistan. World Bank, Asia Development Bank, United States, European Union, and other donor countries provided emergency funds for Afghanistan to deal with Covid19 effectively. The foreign assistance aids were to strengthen the weak health system, support low-income families, businesses and promote Afghanistan's economy. According to Tolo news report, the government of Afghanistan approved a package of 1.1 billion USD to combat Coronavirus effectively, and it includes \$392 million from the government's national budget. The remaining amount of \$785 million comes from international donors covering various health, social and economic programs including Covid19 relevant issues (Omid, M. H. S., 2020). Despite the reassurance of the international community by the Afghan government to create transparency and accountability in the foreign assistance pledged by world bank \$115 million, European Union \$115 million, Asia Development Bank \$50 million, US \$25 million, International Monetary Fund \$220 million in loans for the fight against Covid19 pandemic. (Rahim, Z. 2020) However, there has been a high level of corruption in the health care system amidst fighting with the plague leaked by media. Pajhwok Afghan news agency was one of the leading news channels monitored from the government combat against Covid19 and disclosed corruption and embezzlement of the Afghan government, particularly the ministry of public health activities fighting with Covid19 pandemic. The ministry of public health, as mentioned before, was continuing to suffer sanitary facilities, and there were almost 300 plus ventilators throughout the country, a much-needed artificial oxygen machine felt worldwide. The report of Afghan Pajhwok

news agency on 32 ventilators, based on the Pajhwok discoveries, cost between \$18,000 and \$25,000 — total cost \$600,000, have been smuggled to Peshawar, Pakistan was shocking news where it provoked people's furious emotions across the country(Sail, A. R. 2020). The government showed a stronger reaction to the case and pledged to start investigations soon, but whatever was shared with the public didn't find public satisfaction.

Regarding medical equipment and medicines procurement to meet the essential needs and cope with Covid19, items have been purchased for Afghan-Japan hospital have been paid eight million Afghanis besides the actual rates being in the market Pajhwok Afghan report discoveries(Hamdard, A. 2020). notwithstanding government was often focusing on transparency and accountability of funds allocated and donated for Coronavirus, but existing corruption and mismanagement caused to spreading of unreliability. Besides, an employee of the ministry of public health was also arrested for taking a bribe of \$80,000 and referred to Attorney General's office for furthering inquiries (Hussainkhail, F. 2020). Meanwhile, outside of the capital of Kabul, a faraway northern province of Afghanistan — Balkh — more than 17 million Afghanis have been paid additional for purchasing 51 items for the hospital and has massive difference with standard prices of the market; for example, as per the Pajhwok discoveries that "among these items is a machine the normal price of which is 35,000 afs but it was purchased for 438,000 afs while with a huge difference an ambulance is purchased for 8.6 million afs and its normal price is 1.2 million afs"(Sail, A. R. 2020).

The epicenter of Coronavirus Herat, high ranking officials, including the governor, three members of the provincial council, and mayor of the province was charged with embezzlements of 20 million afghanis in Covid19's fund allocated by the government to combat the coronavirus threat, and all were referred to Attorney General's office for onward inquiries. (Afghanistan Times, 2020) according to Pajhwok Afghan investigative reports, ventilators, health equipment, and essential items for provincial civil hospitals in Maidan Wardak (Erfanyar, A. S. 2020), Kunduz (Kakar, A. 2020), and Ghor (Pajhwok, 2020) provinces have been bought higher prices than the market prices in which amount of millions of Afghanis have been paid additional for the health procurements. It shows a vivid corruption, and the wasted balance of millions of Afghanis goes to personal pockets. However, the government leadership looked severe about the Covid19 management and allocated a unique budget to contain the country's new plague wave. For this purpose, Afghan president Mohammad Ashraf Ghani has introduced a special Inspector General of the presidential palace to investigate corruption concerning the Covid19 budget and mismanagement of Covid19(Ansar, M. 2020). But this step couldn't help appropriately to avert corruptions in Covid19 pandemic money. Based on the investigative report of Hasht-e-Subhindependent daily newspaper based in Kabul — around 150 million afghanis have been misappropriated from the Covid19 national budget approved by the central government in every province, specifically in Badakhshan, Maidan Wardak, Nooristan, and Herat provinces of Afghanistan. Simultaneously, purchasing different health equipment, medicines, and concerned essential items for the civil hospitals to tackle the Covid19 pandemic in their respective provinces(Bigzad, M. 2020).

Notwithstanding mismanagement of Covid19 disease and intolerable corruption in Covid19's funds made President Mohammad Ashraf Ghani bring reforms in the public health ministry. In 2020, he fired two key officials from the post of health ministry; Dr. Ferozuddin Feroz resigned

as a public health minister in May 2020. Ghani dismissed Dr. Ahmad Jawad Osmani from the ministry post in the last days of 2020 due to his close employees. They were charged with corruption (Radio Free Afghanistan, 2020). The most recent corruption disclosed by Pajhwok that 317 medical items have been purchased on 139.5 million Afghanis higher than the market usual prices, a Metz scissor costs 560 Afghanis in the market purchased on forty-nine thousand Afghanis (Pajhwok, 2020). Although Covid19 has still existed in Afghanistan and throughout the world, its situation has become more vulnerable than any other country in the world. The Afghan government has to manage insecurity, peace talks, and Covid19 simultaneously and fight against corruption, including other challenges in the country.

Political Standoff

The indoor picture of Afghanistan has permanently been damaged by connected political and security turmoil. Priorities have been left behind due to a series of political deadlocks caused to instability. The 28 September 2019 presidential elections put the country in political chaos. The elections' results were delayed because of corruption, accusations, misconduct, and fake votes between Mohammad Ashraf Ghani and Dr. Abdullah Abdullah. This circumstance pushed the country's political instability into 2020 when Mohammad Ashraf Ghani declared the presidential elections' winner by the elections authorities. At the same time, his rival Abdullah declared himself a winner, rejected the results, and warned him to form a parallel government (Graham-Harrison, E. 2020). It was the time that the Covid19 first case was confirmed in Herat province, and the problems to the country doubled along with peace negotiations and daily basis insecurity incidents. After months, the two political rivals signed a power-sharing deal in May; Mohammad Ashraf Ghani became the President. Abdullah was given the role to lead the peace process as the chairman of the High Council for National Reconciliation and half of his team's cabinet appointments (Mashal, M. 2020). It helped the country eliminate one of the rooted challenges with the fight against Covid19 for effective health governance. On the other hand, it also removed the shadow over the peace process with the Taliban and brought the active political groups aligned.

Anti-Covid19 Propaganda and Disinformation

Different formats across the world enunciated propaganda and disinformation during Coronavirus, even in most developed countries. It had political, economic, social, and cultural effects based on ambiguous situations created by the Covid19 pandemic. In Afghanistan, propaganda and disinformation were active against the outbreak of the Covid19 virus, a tough challenge and problem for the government to tackle. Some clerics (Ulema) disagreed with quarantine and lockdown in the country from the religious views, mainly they were opposite closing mosques and religious gatherings. In Pakistan, religious clerics showed stronger reactions on closing mosques to perform collective prayers or namaz five times a day. In a Pakistani conference, Ulema made clear that the congregational meeting and five times prayer in a day would be continued to be held. The precautionary measures to contain Coronavirus's spread by the government will be implemented (Ali, I. 2020). As a whole, Pakistan couldn't impose a complete lockdown because of economic problems and Islamic scholars' disagreements. Initially, in Afghanistan, there have been disagreements with restrictions on mosques. Still, in the meantime, the propaganda was circulating not only in Afghanistan but also

in many Islamic countries that the Covid19 plague is not for Muslims — it is the wrath of Allah on non-Muslims. Due to the disinformation, the government couldn't impose quarantine thoroughly, and people didn't apply the clinical instructions regarding Covid19.

To some extent, based on politics, Covid19 was referred to as a political game between powerful states like China and United States. In Afghanistan, after the end of the holy month of Ramadan, people celebrated Eid days with joys and performed prays communally, visited families, and walked everywhere to meet people. Considering no Covid19 pandemic situations and preventive health measures created a surge of coronavirus cases. A Kabul-based Afghan-Japan hospital was a focal point for Covid19 patients where the doctors showed concern about Covid19 infectious increased after the Eid days. (Nikzad, K. 2020) Following Eid days, Coronavirus rooted amongst families. There have been circulating news on social media about infected people and announcements about mortalities from friends, relatives, and family members who succumbed to the virus every day. The Covid19 crisis seemed out of government control. Even the health ministry couldn't have the ability to manage and register the daily cases of infectious. On the other hand, people became disappointed with the mismanagement of health care to approach any health service center and chose to stay in their homes for treatment. After passing terrible periods of Covid19, lockdown steadily eased with considering preventive measures of health by the government. It opened businesses, universities, schools, offices, and cities because long-term lockdown couldn't afford because of poverty and emerging economic problems.

CONCLUSION

The flawed public health system and inequality of life in South Asia have pushed the people into life disaster. A region containing a one-quarter population of the world has been suffering decade's poverty in common. Inefficient public services and lifetime facilities are the central issues in the region. People of rural and urban areas are not enjoyed equal facilities, particularly in the public health care system. Inadequate public health care infrastructures are a questionable matter where the regional countries can't deal with either emergency or epidemic diseases appropriately. The poverty and inequality of life conditions are being increased due to unemployment and poor public services in South Asia. The covid19 pandemic demonstrated a dangerous alert to the SAARC member states and highlighted immense gaps in the public health sector and socio-economic field. Initially of Covid19 pandemic, limited tests number was a concerning issue in South Asia countries showed the image of public health sector deficiencies and challenges. Inequality in the health sector between rural and urban areas got specified. Economic hardships also affected profoundly on the social life of the whole population in the region.

Problems of artificial oxygen and inaccessibility to health facilities in hospital-beds was a shocking thing felt in common. Afghanistan may come in the list first faced difficulties regarding health facilities and poor management to fight against the Covid19 pandemic. Afghan government couldn't manage data of coronavirus cases officially to have recorded all infectious of Covid19 patients. Apart from insecurity also cast a broader shadow on the Covid19 pandemic and faced the fight against Coronavirus with a more significant drawback for the government. Besides, corruption and mismanagement of Covid19 amidst the pandemic created disappointments and distances between the government and citizens of the country. Political

impasse and disinformation about Coronavirus, however, on some accounts, were matters that faced the fight against Coronavirus with sluggishness. Overall, various came to the picture in South Asia against Covid19, but the common was the flawed health system and poverty prevailing in the world's densely populated region.

REFERENCES

- Afghanistan Times. (2020, October 26). Herat governor, mayor, key officials convicted of stealing Covid-19 relief funds. Retrieved from; <http://www.afghanistantimes.af/herat-governor-mayor-key-officials-convicted-of-stealing-covid-19-relief-funds/>
- Afghanistan Times. (2020, December 29). Taliban behind 99pc terrorist attacks in Afghanistan. Retrieved from; <http://www.afghanistantimes.af/taliban-behind-99pc-terrorist-attacks-in-afghanistan/>
- AFP. (2020, June 4). Afghanistan testing just 20 percent of suspected cases as virus spreads. *Gandhara*. Retrieved from; <https://gandhara.rferl.org/a/afghanistan-testing-just-20-percent-of-suspected-cases-as-virus-spreads/30651942.html>
- Ali, I. (2020, April 14). Prominent ulema say lockdown not applicable to mosques, congregational prayers to begin. *Dawn News Paper*. Retrieved from; <https://www.dawn.com/news/1549171>
- Anadolu Agency. (2020, March 18). Covid19: over 100,000 Afghans return from Iran. Retrieved from; <https://www.aa.com.tr/en/latest-on-coronavirus-outbreak/covid-19-over-100-000-afghans-return-from-iran/1770630>
- Ansar, M. (2020, June 29). Alleged ‘corrupt’ handling of Covid-19 funds to be probed. *Tolo News*. Retrieved from; <https://tolonews.com/afghanistan/alleged-%E2%80%98corrupt%E2%80%99-handling-covid-19-funds-be-probed>
- Baharali, I., Kumar, P., & Selvaraj, S. (2020). How well is India responding Covid19?. Brookings. Retrieved from; <https://www.brookings.edu/blog/future-development/2020/07/02/how-well-is-india-responding-to-covid-19/>
- Bigzad, M. (2020, June 21). Millions of corruption in the fight against coronavirus. *Hasht-e-Subh daily newspaper*. Retrieved from; <https://8am.af/millions-of-corruption-in-the-fight-against-coronavirus/>
- Dodangeh, M., Dodangeh, M., Joulani, M. et al. (2020). What we know about 2019-nCoV in Iran in the early stage? *VirusDis*. 31, 241–243. <https://doi.org/10.1007/s13337-020-00596-w>
- Erfanyar, A. S. (2020, July 12). Ventilators purchased for Wardak at higher prices. *Pajhwok Afghan News Agency*. Retrieved from; <https://pajhwok.com/2020/07/12/ventilators-purchased-wardak-higher-prices/>
- Global Health Security Index. (n.d.). 2019 global health security index. Retrieved from; <https://www.ghsindex.org/>
- Graham-Harrison, E. (2020, February 18). Ghani declared winner of Afghan election - but opponent reject results. *The Guardian*. Retrieved from; <https://www.theguardian.com/world/2020/feb/18/ashraf-ghani-wins-afghan-presidential-election>
- Hamdard, A. (2020, July 14). Afghan-Japan hospital: Toilet paper costs 11afs. *Pajhwok Afghan News Agency*. Retrieved from; <https://pajhwok.com/2020/07/14/afghan-japan-hospital-toilet-paper-costs-115afs/>
- Hussainkhail, F. (2020, June 25). Health ministry employee arrested for taking bribe. *Tolo News*. Retrieved from; <https://tolonews.com/health/health-ministry-employee-arrested-taking-bribe>
- Kakar, A. (2020, July 29). Kunduz virus hospital buys a dettol soap for 110 afs. *Pajhwok Afghan News Agency*. Retrieved from; <https://pajhwok.com/2020/07/29/kunduz-virus-hospital-buys-dettol-soap-110-afs/>
- Lucero-Prisno III, D. E., Essar, M. Y., Ahmadi, A., Lin, X., & Adebisi, Y. A. (2020). Conflict and COVID-19: a double burden for Afghanistan’s healthcare system. *Conflict Health* 14. (65). <https://doi.org/10.1186/s13031-020-00312-x>
- Mashal, M. (2020, May 17). Afghan rivals sign power-sharing deal as political crisis subsides. *New York Times*. Retrieved from; <https://www.nytimes.com/2020/05/17/world/asia/afghanistan-ghani-abdullah.html>

- Miglani, S., & Bhattacharjee, N. (2020, March 25). India struggles with coronavirus shutdown; Pakistan cases top 1,000. *Reuters*. Retrieved from; <https://www.reuters.com/article/us-health-coronavirus-southasia/india-struggles-with-coronavirus-shutdown-pakistan-cases-top-1000-idUSKBN21C0IM>
- Muniyappa, R. & Gubbi, S. (2020). Covid19 pandemic, coronaviruses, and diabetes mellitus. *American Journal of Psychology Endocrinology and Metabolism*. Retrieved from; <https://journals.physiology.org/doi/full/10.1152/ajpendo.00124.2020>
- NDTV. (2020, December 31). Coronavirus live update: 21,822 fresh Covid19 cases in India. Retrieved from; <https://www.ndtv.com/india-news/coronavirus-live-updates-over-20-000-covid-19-cases-in-india-in-last-24-hours-31-december-2020-2345827>
- Nikzad, K. (2020, August 5). Covid cases rise after eid, many youth infected: doctors. *Tolo News*. Retrieved from; <https://tolonews.com/health/covid-cases-rise-after-eid-many-youth-infected-doctors>
- Omid, M. H. S. (2020, May 5). Afghan Govt approves \$1.1B package for Covid-19 response. *Tolo News*. Retrieved from; <https://tolonews.com/business/afghan-govt-approves-1-1b-package-covid-19-response>
- Pajhwok. (2020, July 15). Cheaper versions ventilators bought at higher rates. Retrieved from; <https://pajhwok.com/2020/07/15/cheaper-versions-ventilators-bought-higher-rates/>
- Pajhwok. (2020, January 11). Sar-i-Pul medical items purchased 139.5 afs above market. Retrieved from; <https://pajhwok.com/2021/01/09/sar-i-pul-139-5mn-afs-extra-charged-hospital-items-purchase/>
- Perappadan, B. S. (2020, January 31). India's first coronavirus infection confirmed in Kerala. *The Hindu*. Retrieved from; <https://www.thehindu.com/news/national/indias-first-coronavirus-infection-confirmed-in-kerala/article30691004.ece/amp/#aoh=16094336382229&csi=1&referrer=https%3A%2F%2Fwww.google.com&tf=From%20%251%24s>
- Radio Free Afghanistan. (2020, December 31). Afghan health minister dismissed after employees arrested on corruption charges. *Gandhara*. Retrieved from; <https://gandhara.rferl.org/a/afghanistan-health-minister-dismissed-corruption/31028787.html>
- Rahim, Z. (2020, May 2). Afghan Govt assures transparency in allocating covid-19 funds. *Tolo News*. Retrieved from; <https://tolonews.com/health/afghan-govt-assures-transparency-allocating-covid-19-funds>
- Rehman, Z. Abi-Habib, M., & Mehsud, I. T. (2020, March 26). 'God will protect us': Coronavirus spread through an already struggling Pakistan. *New York Times*. Retrieved from; <https://www.nytimes.com/2020/03/26/world/asia/pakistan-coronavirus-tablighi-jamaat.html>
- Reliefweb. (2020). Afghanistan's unseen Covid19 crisis. Retrieved from; <https://reliefweb.int/report/afghanistan/afghanistan-s-unseen-covid-crisis>
- Rutting, T. (2020). Covid19 in Afghanistan (1): No large outbreak yet in the country. Afghanistan Analyst Network. Retrieved from; <https://www.afghanistan-analysts.org/en/reports/economy-development-environment/no-large-outbreak-yet-the-coronavirus-situation-in-afghanistan/>
- SAARC Disaster Management Centre. (2020). Covid19 emergency fund. Retrieved from; <http://covid19-sdmc.org/covid19-emergency-fund>
- Sail, A. R. (2020, Jun, 22). Ventilators donated to MoPH smuggled to Pakistan. *Pajhwok Afghan News Agency*. Retrieved from; <https://pajhwok.com/2020/06/22/ventilators-donated-moph-smuggled-pakistan/>
- Sail, A. R. (2020, November 11). Balkh: 17m afs extra charged in hospital items' purchase. *Pajhwok Afghan News Agency*. Retrieved from; <https://pajhwok.com/2020/11/11/balkh-17m-afs-extra-charged-hospital-items-purchase/>

- Sarkar, A., Liu, G., Jin, Y., Xie, Z., & Zheng, Z.-J. (2020). Public health preparedness and responses to the coronavirus disease 2019 (COVID-19) pandemic in South Asia: a situation and policy analysis. *Global Health Journal*. 4 (4), 121-132. <https://doi.org/10.1016/j.glohj.2020.11.003>
- Sediqi, A. Q., & Karimi, S. (2020, February 20). Afghanistan confirms first Coronavirus case in province bordering Iran. *Reuters*. Retrieved from; <https://www.reuters.com/article/us-china-health-afghanistan-idUSKCN20I0M0>
- Sengupta, A., Zaidi, S., Sundararaman, T., Onta, & Weerasinghe, M. C. (2018). Tackling the primary care access challenge in South Asia. *BMJ Clinical Research*. <https://doi.org/10.1136/bmj.k4878>
- Sinha, D. (2020, September 25). Coronavirus testing record in India: Nearly 15-lakh Covid19 tests in 24 hours for first time. *Financial Express*. Retrieved from; <https://www.financialexpress.com/lifestyle/health/coronavirus-testing-record-in-india-nearly-15-lakh-covid-19-tests-in-24-hours-for-first-time/2091348/lite/#aoh=16097761125720&referrer=https%3A%2F%2Fwww.google.com&tf=From%20%251%24s>
- Sofi, J. (2020, March 27). How coronavirus would break the healthcare system in South Asia. *Times of India*. Retrieved from; <https://timesofindia.indiatimes.com/blogs/poverty-of-ambition/how-coronavirus-would-break-the-healthcare-system-in-south-asia/>
- Sohrabi, C., & Agha, R. (2020). World health organisation declares global emergency: A review of the 2019 novel coronavirus (Covid-19). *International Journal of Surgery*. 76, 71-76. <https://doi.org/10.1016/j.ijso.2020.02.034>
- Taylor, D. B. (2021, January 10). A timeline of the coronavirus pandemic. *New York Times*. Retrieved from; <https://www.nytimes.com/article/coronavirus-timeline.html>
- The Hindu. (2020, March 15). Prime Minister Modi calls for Covid19 emergency fund for SAARC. Retrieved from; <https://www.thehindu.com/news/national/coronavirus-pm-modi-participates-in-saarc-videoconference-to-formulate-joint-strategy-to-combat-covid-19/article31074653.ece>
- United Nations Economic and Social Commission for Asia and Pacific. (n.d.). Covid19 and South Asia: National Strategies and Subregional Cooperation for accelerating inclusive, sustainable and resilient recovery. Retrieved from; https://www.unescap.org/sites/default/files/South%20Asia%20Covid-19%20Paper_5.pdf
- United Nations Development Program. (2020). the next frontier: human development and the anthropocene. Retrieved from; http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/AFG.pdf
- World Health Organization. (2020, December 31). Bangladesh situation. Retrieved from; <https://covid19.who.int/region/searo/country/bd>
- Vision of Humanity. (n.d.). Global terrorism index 2020: The ten countries most impacted by terrorism. Retrieved from; <https://www.visionofhumanity.org/global-terrorism-index-2020-the-ten-countries-most-impacted-by-terrorism/>
- World Health Organization. (2020). WHO, UN Foundation and partners launch first-of-its-kind Covid19 solidarity response fund. Retrieved from; <https://www.who.int/news/item/13-03-2020-who-un-foundation-and-partners-launch-first-of-its-kind-covid-19-solidarity-response-fund>
- World Health Organisation. (n.d.) Afghanistan health system. Retrieved from; <http://www.emro.who.int/afg/programmes/health-system-strengthening.html>
- World Health Organization. (2006). the world health report 2006 - working together for help. Retrieved from; <https://www.who.int/hrh/whr06/en/>
- Worldometer. (2021, January 1). Coronavirus cases. Retrieved from; <https://www.worldometers.info/coronavirus/>

- Worldometer. (2021, January 1). Nepal coronavirus cases. Retrieved from; <https://www.worldometers.info/coronavirus/country/nepal/>
- Worldometer. (2021, January 1). Pakistan coronavirus cases. Retrieved from; <https://www.worldometers.info/coronavirus/country/pakistan/>
- Zaidi, S., Saligram, P., Ahmed, S., Sonderp, E., & Sheikh, K. (2017). Expanding access to healthcare in South Asia. *BJM*, 357 (j1645), 1-4. Retrieved from; https://ecommons.aku.edu/pakistan_fhs_mc_chs_chs/348