Regional Dialogue on Infectious Diseases in South Asia

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Abstract:

A predictive health analytics company suggested a 27.5% probability of a pandemic as lethal as COVID-19 occurring within the next ten years. The dramatic global spread of the coronavirus exposed the cracks in public healthcare systems and demonstrated the importance of regional cooperation in limiting the spread of infectious diseases. Heightening global connectivity has meant that the next epidemic or pandemic may only be a flight away. Due to climate change, the incidence of infectious diseases is increasing. The risk of outbreaks is especially high in regions strained by poverty and conflict, such as South Asia. Since diseases do not respect borders, they pose a grave danger to global health and human security, which makes cooperation between states and regions even more crucial. This article aims to explore a) how infectious diseases are an imminent threat to human security in South Asia, and b) how regional dialogue can dissipate the threats posed by emerging epidemics and pandemics in South Asia.

Keywords: Health Security, Infectious diseases, South Asia, Non-Traditional Security, SAARC, Regional Dialogue.

Introduction:

South Asia is grappling with food-borne diseases, neglected tropical diseases, avian influenza, transboundary animal diseases, among other contagions, and emerging pathogens. Most South Asian countries do have a few operational infectious disease control programs such as routine immunization, vaccination, and provision of essential drugs. Still, it is the social determinants that make the spread and prevention so hard to manage in the region. Issues like poverty, illiteracy, poor sanitation, food insecurity, poor border security, and social stigmas pose an ever-present threat to the underdeveloped system of disease control and health care. The lack of surveillance

systems and inefficient public health systems disrupt effective disease control in South Asia. Sri Lanka is the only country in the region that has developed an adequate public health system and has made significant progress in managing infectious disease outbreaks in the country.

Since the onset of the COVID-19 pandemic, the necessity for multidisciplinary scientific research, capacity building, and improved surveillance for the detection and management of infectious diseases has been brought to light. Due to the recent trends of heightened globalization, national borders have become more permeable for pathogens to cross over. As seen from the dramatic spread of Coronavirus across the globe, it is safe to say that the increased global connectivity has led to the maximization of the threat of another epidemic or pandemic. The threat is even more enhanced in countries struggling with poverty, weak health infrastructures, and political instability, such as many countries in the region of South Asia. Many South Asian countries have neglected the formal directives for proper management of the outbreak due to the lack of functioning transnational institutions that oversee their efforts and progress in controlling infectious diseases in the region (Emerging Infectious Diseases in Southeast Asia: Regional Challenges to Control - The Lancet, n.d.).

South Asia as a region is home to a dynamic interconnected system of biological, social, technological, and ecological factors that give rise to conditions fertile for new microbes and infectious diseases to emerge and spread (Burden of Infectious Diseases in South Asia | The BMJ, n.d.). These factors include urbanization, population explosion, food sanitation and production, land usage and water sanitation, and drug resistance. Widespread under-reporting of emerging infectious diseases, absence of effective government response, and regional collaboration on resources and information create the likelihood of delayed preventative measures and hinder the regional response. Research on these factors that assist policymaking and the practical implications is scarce and still lacks substantial investment.

There is a need for research in priority settings for public health systems so that an effective response is provided to improve effectiveness, efficiency, and equity. There is an increasing trend toward regional partnership, coordination, and cooperation in information sharing in South Asia. This tendency to cooperate should be directed towards addressing asymmetries in the healthcare

systems and their capacity to address infectious diseases. Even in a conflict-ridden region, public health experts and officials from neighboring countries can collaborate in emergencies such as disease outbreaks that pose a global threat to human security.

Disease Burden in South Asia

Infectious disease outbreaks have had a long history of sabotaging the social order and devastating the economies of countries that are affected by their dramatic spread. Once an infectious disease gathers the ability of human-to-human transmission, the contagion spreads at an alarming speed especially if the outbreak was unforeseen and as it generally goes, many infectious disease outbreaks are not anticipated.

The dramatic rise in COVID-19 cases as soon as it broke out stands as a highlighted example of how infectious diseases take the entire world by storm, overwhelming their inadequate healthcare systems and ravaging their vulnerable economies. By November 2022, there have been 635,709,158 confirmed cases of COVID-19 reported to WHO, and 6,603,803 deaths directly related to coronavirus (WHO Coronavirus (COVID-19) Dashboard, n.d.). The following table accounts for the total deaths that were reported in South Asia alone by 2021 which were directly related to the coronavirus pandemic.

Country	Cumulative Cases	Cumulative deaths	Case-fatality rate %	Total deaths per 100,000 population
Sri Lanka	522,002	13,142	2.5	60.28
Maldives	85,198	232	0.3	43.07
Nepal	798,766	11,180	1.4	39.08
Myanmar	471,308	17,957	3.8	33.23

India	33,871,881	449,538	1.3	32.90
Afghanistan	155,309	7,214	4.6	18.96
Bangladesh	1,559,452	27,614	1.8	16.94
Pakistan	1,253,868	27,986	2.2	12.92
Bhutan	2,613	3	0.1	0.39

Source: Mortality Analyses. (n.d.). Johns Hopkins Coronavirus Resource Center. Retrieved December 1, 2023, from https://coronavirus.jhu.edu/data/mortality

One of the lasting impacts of coronavirus has been the gradual weakness of vital health services, which has contributed to more deaths resulting from other infectious deaths. The COVID-19 pandemic took a toll on human life in South Asia, causing a setback to the improvement in global life expectancy that had seen much progress in the past 20 years (Effects of Covid-19 Pandemic on Life Expectancy and Premature Mortality in 2020: Time Series Analysis in 37 Countries | The BMJ, n.d.).

South Asia is an infectious disease red zone. With various socioeconomic, environmental, and political factors to blame, South Asia is at high risk of facing a new epidemic or pandemic outbreak if preparatory measures are not timely taken to mitigate these risks (Wilder-Smith, 2005). The present major infectious disease threats to South Asia include dengue, tuberculosis, HIV/AIDS, diarrhea, typhoid, malaria, Zika virus, measles, Congo virus, monkeypox, hepatitis B and C, and polio. These infectious diseases hinder the path of South Asia's epidemiological transition from infectious to non-communicable diseases, as they still make up almost half of South Asia's disease burden (Social Determinants of Infectious Diseases in South Asia - PMC, n.d.). South Asia is still struggling to get rid of preventable diseases that have long been eradicated from the West, such as the case of Polio.

Climate change and rise in health risks:

Recently, Pakistan faced devastating floods starting mid of June 2022 causing irreparable damage to the country's infrastructure and economy (Pakistan, 2022). This flashed a major warning sign to the rest of the world community about the dangerous consequences of climate change and the major health risks that are unfolding as an aftermath. With melting glaciers and flash floods, the risk of new viruses and mutations rises and poses a threat of an epidemic or pandemic. With climate change disasters becoming more and more frequent, research into new infectious diseases must become a priority, so that world health institutions can allocate resources for pandemic preparedness. Following is a table showing the projected population, in millions, expected to reside in areas prone to annual flooding by 2050 across six Asian countries, as per both historical and updated assessments.

Country	Old estimate	New estimate
China	29	93
Bangladesh	5	42
India	5	36
Vietnam	9	31
Indonesia	5	23
Thailand	1	12

Source: Climate change: Sea level rise to affect "three times more people." (2019, October 30). BBC News. https://www.bbc.com/news/science-environment-50236882

The World Health Organization (WHO) has warned of emerging diseases and public health threats to not only Pakistan but also its neighboring countries in the region, and therefore it becomes incessantly important to take preventative measures before another epidemic befalls the region of South Asia. In Pakistan, 888 health facilities have been damaged due to the unprecedented floods, and among them, 180 have been irreparably destroyed, it has only increased the burden on the working health facilities to cater to the needs of a population size beyond their capacities (Administrator, n.d.). In Pakistan alone, the cases of COVID-19 have recently gone up, and the flooding only introduced more contagious pathogens of water and vector-borne diseases including acute watery diarrhea, polio, malaria, and dengue fever, mostly resulting from poor sanitation and the absence of clean drinking water.

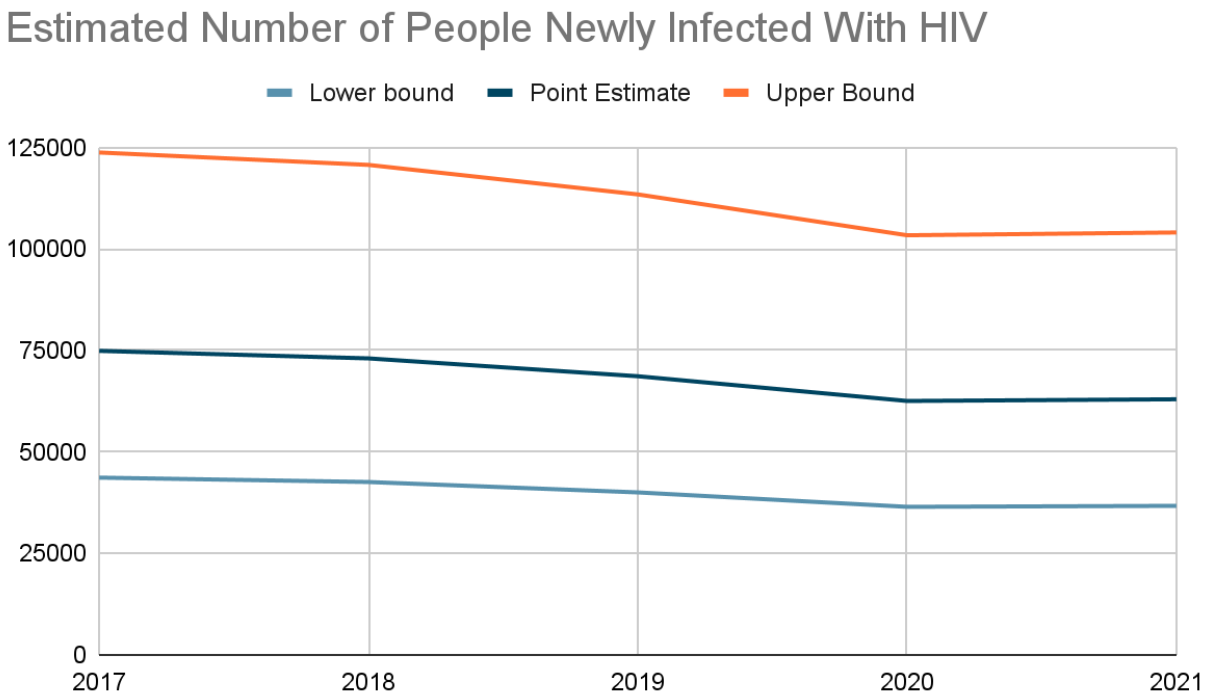
The securitization of AIDS/HIV:

The COVID-19 pandemic may have caused much destruction and loss of life, however, it paved the way for more prioritized research into new and emerging health threats and optimization in healthcare systems and disaster management plans all over the world. The COVID-19 pandemic exposed the weakness of the healthcare systems of even the most developed countries in the West, like Europe and America, and brought attention to how little remediation and spending the public health systems receive.

The region of South Asia is claimed to be a breeding ground for an epidemic after Africa according to WHO. Around 33.2 million adults and children are living with AIDS worldwide however, among these, two to three million are estimated to be living in South Asia according to the United Nations Joint Program on HIV/AIDS (Current Status of HIV/AIDS in South Asia - PMC, n.d.). Back in 2006, Stephan Elbe urged for the securitization of AIDS/HIV as a global security threat, as the death toll from the contagion had risen three times higher than the casualties from the September 11 terrorist attack (Should HIV/AIDS Be Securitized? The Ethical Dilemmas of Linking HIV/AIDS and Security | International Studies Quarterly | Oxford Academic, n.d.). It still took many years for the HIV/AIDS threat to be considered a serious biosecurity threat by policymakers, scholars, and world politicians. On January 10, 2000, the United Nations (UN) Security Council officially declared HIV/AIDS as a threat to international peace and security in

Africa (Should HIV/AIDS Be Securitized? The Ethical Dilemmas of Linking HIV/AIDS and Security | International Studies Quarterly | Oxford Academic, n.d.).

Today, India alone has the third-highest population of patients infected with HIV/AIDS in the world, with over 4 million infected patients after South Africa (Zaidi et al., 2004). The burden of HIV new infections in India can be shown in the graph below;



Data sources: Global AIDS monitoring UNAIDS/WHO/UNICEF (2021), WHO Country Profile 2021

Though there has been a notable decline in new infections in India since 2019, there still need to be active remedies and countermeasures to control the spread and provide adequate healthcare to the infected patients. There are no reported hospitals that are dedicated to the treatment and facility of HIV/AIDS-infected patients in the country (HIV Country Profiles, n.d.). While India is steadily decreasing their number of infected cases, the number only keeps rising in other countries, especially in Nepal and Pakistan.

Lessons from the COVID-19 Pandemic:

While looking through the lens of human security, infectious diseases pose a great threat to global security and must be considered an equally detrimental and dangerous international security threat as terrorism is considered to be among the Non-traditional security issues. Infectious diseases know no boundaries and respect no borders and therefore, containing an infectious disease such as Covid-19 which was a highly contagious air-borne virus at its root is much more difficult than it may seem. With the changing dynamics of modern warfare, likely, future security threats will also include the usage of biological weapons as a tool of warfare. In such uncertain and challenging times, the best policy is to anticipate and prepare individual and regional state healthcare bodies to counter such biosecurity hazards.

At the initial phase of the COVID-19 outbreak, South Asian regional leaders met and discussed joint plans to combat the Coronavirus outbreak through the South Asian Association for Regional Cooperation (SAARC) on 15 March 2020, a step initiated by Prime Minister Narendra Modi of India (Babu et al., 2021). India created a 'COVID-19 Emergency Fund' and contributed US$ 10 million to it as a first encouraging step towards regional cooperation that would be funded by voluntary contributions from the region. SAARC Disaster Management Center was set up in India to render help to countries struggling with pandemic policymaking and require support and guidance in developing system efficiency, capacity-building, and health-care training and information regarding combating an infectious disease outbreak. Following is a tabular representation of the funds contributed by each member state for the Covid-19 Emergency Fund:

SAARC Nation	*COVID-19 Emergency Fund Contribution*
Nepal	NPR 100,000,000 (USD 831,393.45)
Bangladesh	USD 1,500,000
Bhutan	USD 100,000
India	USD 10,000,000
Sri Lanka	USD 5,000,000
Maldives	USD 200,000

Afghanistan	USD 1,000,000
Pakistan	USD 3,000,000
Total	INR 138.9 million

Source: SAARC COVID-19 Emergency Fund Disburses NPR 97.95 Million to Nepal! (n.d.). Retrieved December 2, 2023, from https://www.nepalisansar.com/coronavirus/saarc-covid-19-emergency-fund-disburses-npr-97-95-million-to-nepal/

With the episode of Covid-19 and its disastrous effects that went poorly managed by even the most developed economies, the concept of infectious disease control has gotten more media and political attention on the platform of global health and human security where policy-makers are increasingly aware of the disastrous consequences of under-preparedness in infectious disease outbreaks. Therefore, the human security paradigm urges high-risk regions like South Asia to cooperate and prevent their countries from becoming the breeding grounds for infectious disease outbreaks.

Communicative Action for Disease Control Collaboration

To bring substantive change in the current healthcare system and disease control practices of South Asian countries, a social dialogue supported by the Habermasian ideal of communicative action can serve as the foundational ground for regional cooperation. South Asian nations can provide joint efforts to securitize the health and human security of their respective populations and avoid another colossal disaster resulting from the unpreparedness of their management and healthcare sectors.

The theory of communicative action can be applied to regionalism in South Asia where countries can come forth to discuss their shared goals, reach an understanding within themselves about their preferred plan of action, and pursue specific approaches to actualize those mutually beneficial objectives. One such objective is pandemic and epidemic preparedness in the region. Many countries in South Asia are highly under-equipped to deal with the magnitude of responsibility that befalls countries stricken with an infectious disease outbreak.

The region of South Asia is looking up for potential collaborations on non-traditional security issues that concern the entire region. Since issues like infectious disease control are nonmilitary, the region of South Asia can come together to solve this collective problem through joint efforts.

While many countries in South Asia do not enjoy a healthy bilateral relationship due to ongoing political tensions and struggles, non-traditional security is an avenue where the regional neighbors can come together, putting aside their political disagreements.

Infectious diseases are a risk to the entire region as South Asia remains exposed to various dangerous variants of viruses and bacteria owing to the geography, climate, and structural flaws of the region. Similar to the conditions that were created during the COVID-19 pandemic, which forced the countries to sit down for dialogue initiated by India and discuss various regional strategies that could be employed to counter the threat of COVID-19 to their countries, South Asia can still come together for a dialogue.

1) The SAARC Window:

SAARC is an already existing regional organization that has failed to bring the region together in more ways than one. SAARC's efficiency is hindered by bilateral issues among member countries, with India often cited as a factor contributing to the organization's challenges. India's stance and actions are perceived by some as detrimental to the smooth functioning of SAARC, impeding collaborative efforts and regional cooperation. Structural liberalism suggests that instead of creating another intergovernmental regional organization that may more or less fail once again to address regional issues, structural transformation, and improvement in the already existing structures could prove more helpful. SAARC has the potential to provide a common platform for regional discussions and operational strategies to fight against non-traditional security issues like the threat of infectious diseases and climate change that threaten peace and stability in South Asia. ASEAN can lead the example from which lessons can be borrowed and applied to the transformation of SAARC.

2) A New Regional Surveillance System:

South Asian countries can also opt for mutually launching a new regional surveillance system or network, which could help integrate the clinical and public health expertise these countries possess, so they can share new strategies and technologies to deal with non-traditional security threats like infectious diseases. A financial fund could be set up to which the South Asian countries could contribute to aid those underprivileged countries facing a disease outbreak. The fund could also

ensure financial safety to South Asian countries help them prioritize infectious disease threats and allocate funds for healthcare infrastructure and capacity building. Healthcare capacity building and improving public health infrastructure must be a top priority for South Asian nations, and they must collaborate to improve the efficiency of their healthcare responses to infectious diseases.

An international non-governmental organization that strings together six regional member networks aiming to end pandemics in Africa, the Middle East, Asia, and Europe is CORDS. CORDS facilitates informational sharing between the 28 member countries for disease surveillance of various areas of high risk of an outbreak. The neighboring countries work together in a regional collaboration network to fight emerging infectious disease threats that require collective action. Some of its regional networks include SECID (The Southeast European Center for Surveillance and Control of Infectious Diseases), MECIDS (Middle East Consortium on Infectious Disease Surveillance), MBDS (Mekong Basin Disease Surveillance), SACIDS Foundation for One Health, EAIDSNet (East African Integrated Disease Surveillance Network), and APEIR (Asia Partnership on Emerging Infectious Diseases Research) (http://www.zigpress.com, n.d.).

3) Exchange of Information and Expertise across the Region:

Sri Lanka for example has stepped up to assist Pakistan, which is grappling with a major surge in dengue virus infections across the country. The Sri Lankan government would send a team of trained public health care personnel and train the Pakistani medical and public health providers to respond to the growing cases of dengue fever. Sri Lanka is the only country in South Asia that has relatively done better in terms of combating coronavirus and other infectious diseases such as vector-borne diseases primarily dengue, declaring it a national priority (Jahan, 2011). On the national level, the Sri Lankan government launched a community-based campaign to combat the spread of the dengue virus by destroying the breeding areas where mosquitoes that carry the dengue virus take birth. The government also invested in creating awareness among the public through media, schools, billboards, and pamphlets about disease prevention and treatment. The Sri Lankan government also ensured the operational outcome by levying heavy fines on the people who did not take care of the mosquito breeding grounds that promoted the dengue virus. Through

such extensive efforts, Sri Lanka overcame the outbreak and also learned the strategic and operational means through which the dengue infections could be contained efficiently.

4) Joint Efforts against Common Threats across borders:

South Asian countries can also engage in bilateral agreements and collaborations where they can work together in solving common health issues that concern only one or two states in particular, for example, the poliovirus is currently only present in Pakistan and Afghanistan alone. Pakistan and Afghanistan can jointly conduct polio eradication measures and crack down on this crippling disease while ridding their countries of this virus completely like the rest of the world has. Cross-border routine immunization and Pak-Afghan border surveillance can be enhanced through collective commitment and contribution, as the existing new cases of the poliovirus have been detected near the border between the two countries.

Pakistan and India also have many common infectious disease problems like COVID-19, AIDS/HIV, dengue, malaria, etc. which can serve as avenues for further bilateral collaboration and easing of political tensions through confidence-building measures like such. Infectious diseases can open doors to research and information exchange between the two countries, which can help each other ramp up their healthcare systems in response to infectious diseases that pose an equal threat to both countries alike.

5) Ground-level Pragmatic Approaches:

South Asian countries now have an opportunity to come together to remove tariffs on medical devices, protective gear, disinfectants, and cleansing agents. Setting up a joint agency for the region and having a meeting to talk about expertise and strategies to counter these issues is one of the more realistic plans of action. Such ground-level pragmatic approaches are doable if governments put the commitment to these actions. South Asia is a region with ample opportunities for regional collaboration and dialogue on non-traditional security issues that concern the countries collectively. While it is immensely important that South Asian countries come together for regional dialogue and collaborate on grand projects to mitigate the risks of infectious diseases in the region, it is equally important to look for smaller-scale pragmatic solutions that are doable and can be easily realized with commitment.

Challenges to Regional Dialogue and Collaboration in South Asia

Regional cooperation and integration are widely considered to be sustainable means to expand trade, support the economy, and provide mutual security and world peace. Throughout the world, there has been a reported increase in regional cooperation projects since the 1980s (Neemia, n.d.). Don McLain Gill says, "The concept of regional cooperation revolves around the idea that states in a shared geographical space cooperate to achieve goals that go beyond the capacity of individual national attainment."(Challenges to Regional Cooperation in South Asia: An Overview | Journal of International Affairs, n.d.). Control of infectious diseases as a transboundary problem is an issue that concerns the entire region's well-being and is beyond the abilities of one country alone.

1) **Lack of Political Will**

The greatest challenge to regional cooperation and dialogue in South Asia is political will. Political will is arguably the biggest constraint to the realization of regional dialogue and cooperation projects in South Asia. There's only so much research and policy papers can do if there is an absence of political commitment to bring about substantial change in the system. Political leaders in South Asia rarely ever bring up the issues of non-military security to that level of importance as they highlight traditional security issues.

South Asia has always been a step behind in regional integration. SAARC is one of the least connected organizations in the world in terms of regional cooperation among its member states. The stark truth is that the dominant force lies within SAARC rather than outside it. The lack of regional cooperation is mostly attributed to the political tensions in the region, which create negative influences on the member states about trusting and collaborating on economic and highly political issues. As the largest member of SAARC, India exerts significant influence over it. India has frequently employed its influence to advance its hegemonic objectives, sometimes to the detriment of SAARC. A recent instance illustrating this is the postponement of the Islamabad SAARC conference, a consequence of Indian maneuvers that highlight how SAARC has borne the consequences of Indian ambitions (Falak, 2017).

Some analysts argue that historical tensions and geopolitical complexities, including the strained relations between India and Pakistan, have hindered the full potential of the SAARC. The long-standing issues between these two major members of SAARC have at times led to diplomatic standoffs and a lack of consensus, impeding the organization's ability to foster robust regional connectivity. While infectious disease control is a non-military, comparatively less controversial subject, it is still subject to several challenges that create a hurdle in regional collaboration.

The lack of sustained political will in South Asia allows for important non-traditional security issues like that of infectious diseases to go ignored and unmanaged. The only solution to increasing political will in the region is to educate political leaders, policymakers, and bureaucratic stakeholders on the risks of non-traditional security threats in terms of national security and socio-economic damages. Public opinion can also place pressure on the decision-makers to steer their focus toward what the public thinks is important and urgent. The role of media in bringing political attention to issues like the threat of infectious diseases is undeniable in this regard.

2) Power Imbalances

South Asia is a region constantly riled up in conflicts and tensions of a political nature. There is an undeniable power imbalance in South Asia, which creates conditions fertile for political rivalries and conflicts. India considers itself to be an unofficial leader of SAARC as it caters to 75% of SAARC‘s population and accounts for around 80% of its GDP while the second and third largest SAARC members only make up 10% and 7%, respectively (Kher, n.d.). Therefore, the resulting power asymmetry in the region is not unprecedented.

3) Miscommunication and Trust Deficit

Owing to the long-standing conflicts and tensions in the region of South Asia, it is arguably possible that the next infectious disease outbreak originating from any country in South Asia could practically become a cause of more conflict instead of cooperation. Some South Asians have strong hostile feelings and unresolved tensions, which could cause them to point fingers and blame each other for the cause or spread of an infectious disease within the region. There is a possibility that South Asian countries could grow more distrustful and suspicious of each other, thinking of the

possibility that a disease outbreak could be a biological weapon used against them to devastate their economies and public health.

The historic and ongoing conflicts in the region have resulted in hostility, mistrust, and a lack of openness among SAARC members. One major example is the strained relationship between Pakistan and India. The implementation of Confidence-Building Measures (CBMs) in South Asia has, at best, been inconsistent. While both India and Pakistan acknowledge the absence of trust as a pivotal factor for enhancing relations, neither nation has opted to proactively build trust through voluntarily negotiated CBMs (Khalid, 2021). The obvious power imbalance forces decision-makers to develop policies and legislative structures based on their own country's strategic and political goals. This creates a hard gap to fill when it comes to regional cooperation, as Pakistan and other South Asian states show a distaste towards the dominating order India has been trying to imply in the regional affairs of South Asia. South Asia, however, must realize that nontraditional security issues like infectious disease threats go beyond individual political conflicts. They concern all countries equally and devastate them indiscriminately.

4) Chronic Political Discord and Public Opposition

While cooperation would be ideal for addressing common problems of the region, the deep-rooted insecurities and hostilities may result in public opposition towards regional integration in South Asia. If the public remains strongly distrustful of their neighboring countries, it's likely the government of that state would avoid making controversial decisions that could cause a spike in public dissent.

5) Inadequate Infrastructure

The lack of proper infrastructure is another crucial challenge to regional cooperation. Without proper physical and binding structures in place, regional cooperation on these issues becomes an almost idealistic plan. Health consistently receives the lowest priority in yearly budget allocations. In a country like India, with a population exceeding 1 billion, the health budget constitutes less than 2% of the overall budget (Behranwala, 2004). In the realm of healthcare financing, the primary source is often out-of-pocket spending, referring to health expenditures directly covered by households. This reliance is notably pronounced in Afghanistan (77 percent) and Bangladesh

(72 percent) (Bloch, n.d.). This highlights the significant burden placed on households for healthcare payments, underscoring the inadequacy of government-provided health services in these nations.

Many infectious diseases are directly transmitted through poor border surveillance, for example between Pakistan and Afghanistan. These infectious diseases could be managed and prevented from spreading if there are proper structures in place that can ensure that no transmission of infectious diseases occurs between borders. Without proper transportation infrastructures, the exchange of physical assistance like medical aid, vaccines, testing kits, and medical equipment across borders becomes a costly and arduous task.

6) Deficiency of Research and Information

The Lack of credible and adequate information and data available on infectious diseases is yet another challenge. Many of the cases of infections go unreported, which significantly reduces the level of urgency and devastation of that disease, allowing it to spread to dangerous levels before it's finally taken into serious consideration. There is a lack of research into new infectious diseases and little is known about the newly emerging disease-causing viruses and bacteria, leading to ignorance of the public and policy-makers, who are unable to comprehend what the problem even is, and what SOPs must be taken to prevent an epidemic. The available data isn't credible enough to formulate the country's policies.

7) Insufficient Funding

Funding and financial aid are of prime importance when it comes to setting up new regional bodies and structures. Surveillance systems, medical gear, vaccines, research development, enhancing healthcare capacity, and institutional capacity all require a great deal of funding and a lack thereof can be a hindrance in materializing these large-scale goals. On average, South Asian governments allocate relatively minimal funds to healthcare compared to other regions. However, there has been an upward trend in health sector funding with the growth of income per capita. Notably, there is significant variation within the region; Afghanistan, Bangladesh, India, and Pakistan allocate less than 1 percent of GDP to healthcare, whereas Maldives, Bhutan, Sri Lanka, and to some extent, Nepal, exhibit higher levels of public spending on health (Bloch, n.d.). The health budgets of South

Asia aren't big enough to finance these mechanisms, which makes it difficult for South Asian countries to be prepared for an upcoming pandemic or epidemic. A regional fund could be set up with voluntary contributions to aid countries unable to enhance their healthcare and institutional capacity.

South Asian countries face economic challenges, with many struggling due to poverty and limited financial resources. Insufficient funds pose a significant hurdle for adequately funding healthcare initiatives. With constrained budgets, these nations often find it challenging to allocate the necessary resources to address the complex and evolving healthcare needs of their populations. Below is a table presenting the latest available data on socio-economic indicators for South Asian countries.

Country	**GDP growth**	**Income Group [1]**	**HDI [2]**	**Poverty Rate [3]**
Afghanistan	2.2	Low-income	0.498	54.51
Bangladesh	7.4	Lower-middle-income	0.608	14.8
Bhutan	7.3	Lower-middle income	0.612	1.5
India	7.3	Lower-middle income	0.64	21.2
Maldives	4.8	Upper-middle income	0.717	7.3
Nepal	6.3	Low-income	0.574	15
Pakistan	5.4	Lower-middle income	0.562	3.9
Sri Lanka	3.3	Upper-middle income	0.77	0.8

Source: World Bank (2019c): income group; UNDP (2019): Human Development Index; IMF (2019b): GDP growth; and World Bank (2019b): poverty rate and Gini Index.

8) Attitudes and Misinformation

Attitudes towards infectious diseases are still a work in progress in South Asia. With COVID-19 reception standing as a glaring example of how a huge chunk of the world population was unable to accept that the pandemic was a real global health emergency or danger to their lives. Many remained in denial that the coronavirus was a real threat and not simply a hoax created for political interests. Numerous social media misinformation propaganda and theories appealed to the public and delineated their focus from curbing the pandemic to other useless rhetoric.

The media, while serving as a crucial source of information, regrettably played a negative role in perpetuating misinformation during the COVID-19 pandemic. Sensationalism and the rapid spread of unverified claims fueled confusion and fear among the public. Misleading headlines, unscientific theories, and sensationalized reports contributed to the proliferation of myths, hindering public understanding of the virus and preventive measures. The impact of such misinformation extended beyond individual awareness, potentially jeopardizing public health efforts and eroding trust in authoritative sources. In navigating the pandemic, a responsible and evidence-based approach to reporting is essential to ensure accurate and reliable information reaches the public.

After the vaccines were first introduced, people believed them to be a hazard to their health and resisted them, despite all the government and media coercion to get vaccinated. In ignorant societies and far-flung areas, vaccine providers are denied permission or even killed for various misinformed reasons. These attitudes contributed to the sluggish progress in controlling the pandemic and getting control of it before it devastated the entire world. Ignorance about infectious diseases is a leading cause of these attitudes. Education should be duly provided about infectious diseases so that the myths and false propaganda that are spread at times of outbreak can be curbed before they can hinder the process of controlling a pandemic or epidemic.

9) **Unfavorable Role of Religion**

Religion can be a challenge in controlling infectious disease outbreaks like pandemics in several ways. First, religious beliefs may lead people to resist public health measures, such as vaccination or quarantine. For example, some people may believe that vaccination is a violation of their

religious beliefs, or that quarantine is a form of punishment. Second, religious practices may spread disease. For example, some religious rituals involve the sharing of food or drink, which can transmit disease. Third, religious leaders may discourage people from seeking medical care, which can delay diagnosis and treatment. For example, some religious leaders may believe that illness is a punishment from God and that seeking medical care is a sign of weakness.

During the Ebola outbreak in West Africa in 2014-2016, some religious leaders discouraged people from seeking medical care, believing that the disease was a punishment from God. This led to delays in diagnosis and treatment and contributed to the spread of the disease. During the COVID-19 pandemic, some religious leaders have discouraged people from getting vaccinated, believing that the vaccine is a violation of their religious beliefs. This has led to pockets of vaccine resistance, which has made it more difficult to control the spread of the virus. In rural India, villagers constructed a shrine dedicated to the "goddess Corona" and were earnestly offering prayers, seeking divine intervention to eradicate the threat posed by the deadly virus instead of observing SOPs and quarantine rules (“Indian Village Prays to ‘Goddess Corona’ to Rid Them of the Virus,” 2021).

It is important to note that these are just a few examples, and there are many other ways in which religion can be a challenge in controlling infectious disease outbreaks. However, it is also important to remember that not all religious beliefs are a challenge to public health. Many religious leaders are working to promote public health and prevent the spread of disease.

Conclusion:

South Asia suffered tremendous losses during the Covid-19 pandemic. When the coronavirus outbreak occurred, state authorities around the world were blindsided and rendered useless in controlling the spread at the root. The coronavirus pandemic spread so fast that it was unforeseen by health authorities around the world. The pandemic did however bring significant attention to the gaps in pandemic preparedness of all health infrastructures. All pre-existing disaster management protocols, surveillance systems, and early warning mechanisms proved to have disparities and flaws in their work to prevent infectious diseases from becoming a global health emergency.

South Asia faces significant challenges with infectious diseases, exacerbated by social determinants like poverty, poor sanitation, and weak healthcare systems. The COVID-19 pandemic highlighted the need for better surveillance and regional cooperation. Despite existing immunization and vaccination programs, the region remains vulnerable due to factors like climate change, urbanization, and drug resistance. South Asia, particularly with its dense population and frequent natural disasters, is at high risk for future pandemics. Efforts towards regional collaboration, such as those initiated by SAARC during the COVID-19 crisis, underscore the importance of shared resources and information to enhance disease preparedness and response.

To enhance disease control in South Asia, adopting Habermas's theory of communicative action for regional cooperation is essential. Countries can work together to securitize health, especially against pandemic threats, despite political tensions. Utilizing SAARC's existing structure, rather than creating new organizations, can improve regional strategies. Establishing a regional surveillance system and a financial fund can aid underprivileged countries during outbreaks. Lessons from global networks like CORDS can inform regional collaborations. Practical examples include Sri Lanka's assistance to Pakistan in combating dengue and potential bilateral agreements between Pakistan and Afghanistan for polio eradication. Joint efforts can also help manage shared health issues like COVID-19 and HIV/AIDS between India and Pakistan. Additionally, removing tariffs on medical supplies and establishing joint agencies for expertise sharing are realistic, pragmatic approaches for regional health security.

Regional integration and dialogue can enhance the region’s capacity to respond to infectious disease threats by improving pandemic preparedness, information, and medical expertise exchange between the neighboring countries. Cross-border surveillance, regional infrastructure, mutual interdependence, and confidence building can also help cool down the boiling political tensions and reduce regional conflict that exists between South Asian countries.

Regional cooperation in South Asia faces significant challenges primarily due to a lack of political will, power imbalances, and trust deficits. Political leaders often prioritize traditional security issues over non-military threats like infectious diseases, hindering initiatives such as those

proposed by SAARC, which is weakened by India-Pakistan tensions. India's dominant role in SAARC creates power imbalances, fostering distrust and political rivalries. Historical conflicts and miscommunication exacerbate these issues, making cooperation difficult. Additionally, inadequate infrastructure, insufficient funding, and public opposition due to misinformation and religious beliefs further impede efforts to address regional health crises effectively.

There is generally greater scrutiny over health budgets, and the quality of public healthcare, with an increased sense of responsibility to avoid any future debacle like that of COVID-19 in the post-pandemic era. It is important that sustainable changes and developments in regional healthcare and pandemic preparedness are made while the wound is still fresh and the public is still aware. To enhance regional cooperation in South Asia, tangible recommendations include increasing political will through education and media advocacy, investing in infrastructure, and establishing a regional health fund. Building trust through consistent Confidence-Building Measures (CBMs) and addressing misinformation with accurate public health communication is also crucial. In the future, improved political collaboration and infrastructure development could lead to more effective management of transboundary health threats, fostering a stronger, more resilient regional alliance.

Bibliography

Emerging infectious diseases in southeast Asia: Regional challenges to control—The Lancet. (n.d.). Retrieved June 26, 2024, from https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)62004-1/fulltext

Burden of infectious diseases in South Asia | The BMJ. (n.d.). Retrieved June 26, 2024, from https://www.bmj.com/content/328/7443/811.short

WHO Coronavirus (COVID-19) Dashboard. (n.d.). Retrieved August 4, 2023, from https://covid19.who.int

Effects of covid-19 pandemic on life expectancy and premature mortality in 2020: Time series analysis in 37 countries | The BMJ. (n.d.). Retrieved August 4, 2023, from https://www.bmj.com/content/375/bmj-2021-066768

Wilder-Smith, A. (2005). Tsunami in South Asia: What is the Risk of Post-disaster Infectious Disease Outbreaks? 34(10).

Social Determinants of Infectious Diseases in South Asia—PMC. (n.d.). Retrieved August 4, 2023, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4897585/

Pakistan: Floods - Jul 2022 | ReliefWeb. (2022, December 27). https://reliefweb.int/disaster/fl-2022-000254-pak

Administrator. (n.d.). Major health risks unfolding amid floods in Pakistan. World Health Organization - Regional Office for the Eastern Mediterranean. Retrieved August 4, 2023, from http://www.emro.who.int/media/news/major-health-risks-unfolding-amid-floods-in-pakistan.html

Current Status of HIV/AIDS in South Asia—PMC. (n.d.). Retrieved August 4, 2023, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2840955/

Should HIV/AIDS Be Securitized? The Ethical Dilemmas of Linking HIV/AIDS and Security | International Studies Quarterly | Oxford Academic. (n.d.). Retrieved August 4, 2023, from https://academic.oup.com/isq/article/50/1/119/1815992

Should HIV/AIDS Be Securitized? The Ethical Dilemmas of Linking HIV/AIDS and Security | International Studies Quarterly | Oxford Academic. (n.d.). Retrieved August 4, 2023, from https://academic.oup.com/isq/article/50/1/119/1815992

Zaidi, A. K. M., Awasthi, S., & deSilva, H. J. (2004). Burden of infectious diseases in South Asia. BMJ : British Medical Journal, 328(7443), 811–815.

HIV Country Profiles. (n.d.). Retrieved August 4, 2023, from https://cfs.hivci.org/

Babu, G. R., Khetrapal, S., John, D. A., Deepa, R., & Narayan, K. M. V. (2021). Pandemic preparedness and response to COVID-19 in South Asian countries. International Journal of Infectious Diseases: IJID: Official Publication of the International Society for Infectious Diseases, 104, 169–174. https://doi.org/10.1016/j.ijid.2020.12.048

http://www.zigpress.com, Z.-. (n.d.). CORDS Networks. CORDS. Retrieved September 1, 2023, from https://www.cordsnetwork.org/cords-networks/

Jahan, F. (2011). Dengue Fever (DF) in Pakistan. Asia Pacific Family Medicine, 10(1), 1. https://doi.org/10.1186/1447-056X-10-1

Neemia, U. F. (n.d.). Cooperation and conflict: Costs, benefits and national interests in Pacific regional cooperation. Institute of Pacific Studies. USP. Retrieved August 4, 2023, from https://library.sprep.org/content/cooperation-and-conflict-costs-benefits-and-national-interests-pacific-regional-0

Challenges to Regional Cooperation in South Asia: An Overview | Journal of International Affairs. (n.d.). Retrieved August 4, 2023, from https://www.nepjol.info/index.php/joia/article/view/29081

Falak, J. (2017, June 21). Implacable Failures of the SAARC. Centre for Strategic and Contemporary Research. https://cscr.pk/explore/themes/politics-governance/implacable-failures-of-the-saarc/

Kher, P. (n.d.). Political Economy of Regional Integration in South Asia.

Khalid, A. (2021, May 14). Confidence Building Measures Between India-Pakistan: Hope for Bilateral Peace. Centre for Strategic and Contemporary Research. https://cscr.pk/explore/themes/defense-security/confidence-building-measures-between-india-pakistan-hope-for-bilateral-peace/

Behranwala, A. A. A. (2004). Health in South Asia. BMJ : British Medical Journal, 328(7454), 1497.

Bloch, C. (n.d.). Social spending in South Asia—An overview of government expenditure on health, education and social assistance.

Indian village prays to ‘goddess corona’ to rid them of the virus. (2021, June 12). Reuters. https://www.reuters.com/world/india/indian-village-prays-goddess-corona-rid-them-virus-2021-06-12/