

Mysterious impacts of novel corona virus: Social cost of COVID-19 lock down in developing countries

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Abstract: At present there is an outbreak of new coronavirus that started from Wuhan (Human Seafood Wholesale Market), China as an epidemic disease from November, 2019. The World Health Organization (WHO) declared the outbreak to be a global health concern and recognized this COVID-19 as a pandemic on 11th March, 2020. The diseases cause respiratory illness with symptoms such as a cough, fever and in severe cases results in shortness of breathing. There is no discovery of vaccine or particular antiviral treatment against this novel coronavirus. Preventive steps were taken to avoid virus spread by travel restrictions and quarantines throughout the world. Since 6th April 2020, more than 1,270,000 cases of COVID-19 have been reported over 208 countries with approximately 69,400 deaths. More than 260,000 people have been recovered. This COVID-19 which is pandemic now has led to severe global socioeconomic disturbance, lock down, cancellation of sports events, religious and other gatherings, closing of schools, universities and private institutions and so cause unsolved effects in many developing countries.

Keywords: Coronavirus, Epidemic, COVID-19, Pandemic, Respiratory illness, Quarantine, Lockdown.

1. INTRODUCTION:

Currently, there is an outbreak of novel coronavirus around the world which started from Wuhan, China had created an immense threat to global public health. The emergence of novel corona virus has awakened the echoes of SARS-CoV from nearly two decades ago. Thus, the recent facade of Wuhan corona virus puts the world an alert which is redolent of the SARS-CoV outbreak in 2002-2003. In the end of November, 2019 large number of patients were infected with pneumonia of unknown origin (Zhang *et al.*, 2020). A mysterious outbreak of this typical pneumonia was traced to a seafood wholesale market in Wuhan of China. Within a few weeks, Human airway epithelial cells were used to isolate a novel corona virus and it was named as Corona Virus Infectious Disease (COVID)-2019 by World Health Organization (WHO).

COVID-19 infection emerged as an endemic disease in which Wuhan is the key hub for the spread of corona virus in China and now it is changed into pandemic in which it spread over Iran, Italy, North Korea, America, Spain, Gulf Countries, India, Africa and still to all the developing and low income countries. This familiar novel corona virus spread easily from person to person. Affected patients were physically linked with local souk as a potential source. The genome of novel corona virus has 89% nucleotide identity with bat SARS-like-CoVZXC21 and 82% with that of human SARS-CoV. Hence, this virus had phylogenetic relationship with Severe Acute Respiratory Syndrome Corona Virus (SARS-CoV) and Middle East Respiratory Syndrome Corona Virus (MERS-CoV) members of the family coronavirus which infect humans specifically (Zhu *et al.*, 2020).

Presently, the spread of COVID-19 has created a confused and rapidly evolving bad situation. As ever in the early stages of a major incident, facts are unclear. We are not sure how many countries have caught the disease, the mortality rate, the incubation period, how far it's spread worldly and how worried we should be. The spread of this virus has left over more millions of people globally caught in a modern form of quarantine. Regardless of whether it succeeds in controlling the outbreak, the widespread lockdown will inevitably have a psychological and social effect. The media are already reporting the emotional impact of both the outbreak and the response. Current situation explains the think of 'end of the world'; hospitals are 'overwhelmed'; more anxiety about 'food shortages'; 'starvation' and highly panic all over the world (Rubin & Wessely, 2020). Meanwhile, the present situation urged the governments to restrict arrivals from other foreign countries. The government has also announced border closure for the entry of flights, train and buses to prevent the spread of this virus. With this knowledge, the current review summarizes the mysterious impacts of novel corona virus and social cost of COVID-19 lock down in developing countries throughout the world.

2. COVID-19 INFECTION:

COVID-19 spread through droplets generated through coughing and sneezing. Infection can occur during close contact between an infected and uninfected person, when it's inhaled or enters the body through the eyes, mouth or nose and also occur when an infected person touches a contaminated surface. COVID-19 targets mainly the throat, lungs and kidney of the infected person. Common symptoms at onset of illness were fever, cough, running

nose/congestion, sore throat, hoarse voice, myalgia, headache, haemoptysis, diarrhea and dyspnoea. Symptoms continue to cause respiratory illness and finally mortality. The incubation period range for Coronavirus is 1 to 14 days with an average incubation period of 5-6 days. Researchers also reported that most of the infected patients were Men while information on reported cases strongly indicates human-to-human spread. This infectious SSRNA virus enters the host by binding to dipeptidyl-peptide receptors. Since no vaccine or drugs are yet available for killing this SSRNA virus, rapid case identification, isolation and infection prevention strategies must be used to combat the spreading of COVID-19 infection (Tahir *et al.*, 2019).

3. MYSTERIOUS EFFECTS OF NOVEL CORONAVIRUS:

There might be bad outcomes with the emergence of novel corona virus initially until the patients get the droop of how to manage it. This new virus has become a point of conflict for various scientists; it has intensified the mystery about how deadly the virus really is. Scientist cannot tell yet because the mortality rate differs with developing countries. In the central China city of Wuhan, where the novel coronavirus first blasted, 2% to 4% of patients have died (WHO, 2020). But in the other places of China, the death rate was prominently lower up to 0.7%. There's nothing different about the virus from one place to another. Instead, before identifying the strain of coronavirus, it smacked in Wuhan very fast before the people knew what the illness was and overwhelmed health facilities. Scientists were saying it is normal at the beginning of an outbreak of any infectious disease where the initially infected patients were severely ill before they required care. Meanwhile, there is no specific treatment for COVID-19, earlier supportive care may help lot for preventing this virus entry. Before discovering the drug for novel coronavirus it has spread all over the countries.

Statistics of Corona outbreak (2nd April, 2020- Result from Worldometer provided by National Health Commission- Republic of China)

Area	Total Cases	New Cases	Total Deaths	New Deaths	Total Recovered	Active Cases
World	1,034,098	+19,033	54,463	+1,296	220,023	759,612

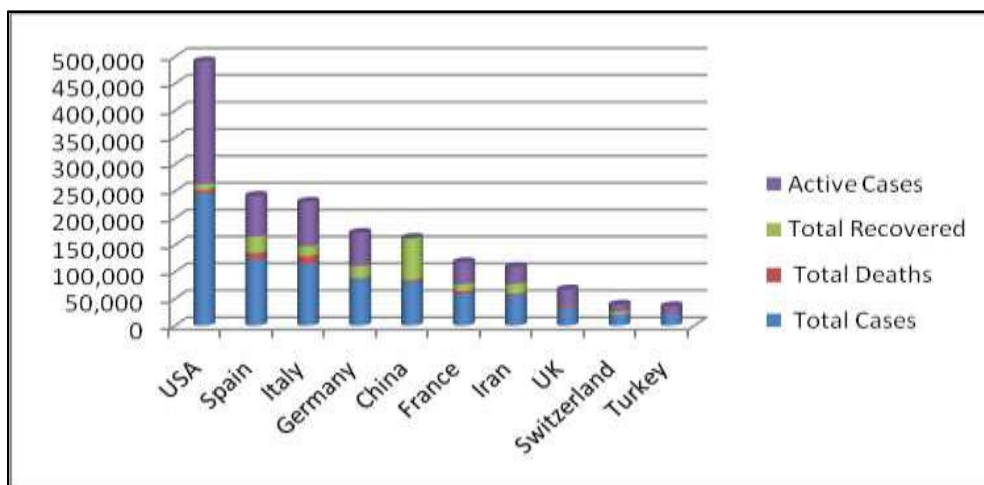


Fig. 1.1

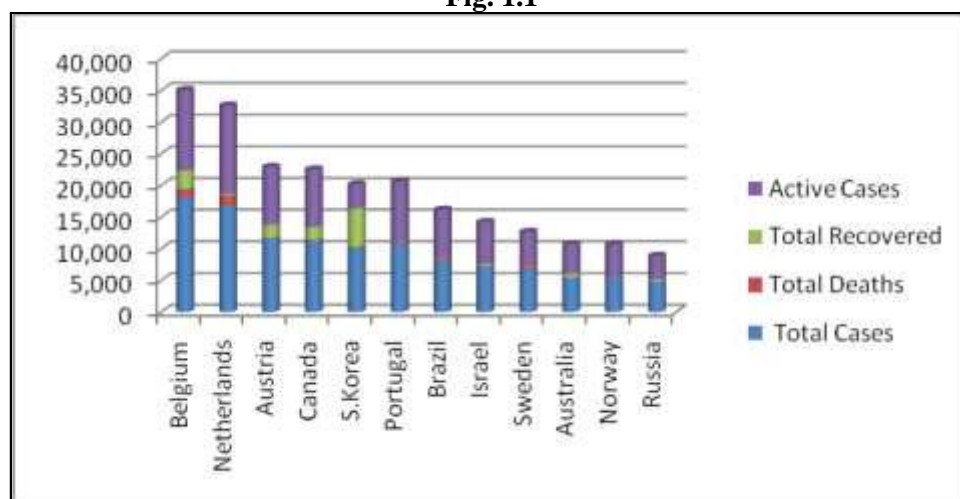


Fig. 1.2

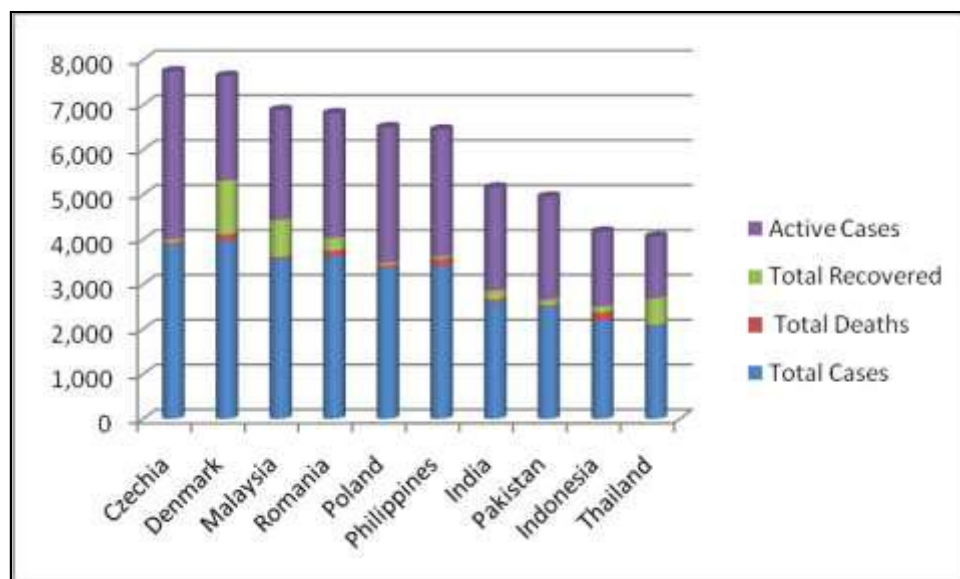


Fig. 1.3

4. ECONOMIC IMPACTS OF COVID-19:

The COVID-19 pandemic twisted overwhelmed effects beyond the spread of the disease and efforts to quarantine it within these three months period. UNDP stated that, income losses are expected to surpass \$220 billion in low- and middle-income countries. It also estimates that almost half of the jobs in low income countries could be lost if the situation prolong (UNDP, 2020). International Labour Organisation (ILO) estimates that the current crisis in the labor market could see between 5 and 25 million job losses (UNO, 2020).

International Food Policy Research Institute (IFPRI) projection on estimation of global poverty increase due to the temporary, partial paralysis of business activity caused by COVID-19 containment measures which would increase by a simulated 14 million people (a 1.9% increase in the total factor productivity scenario) (Rob Vos, Will Martin and David Laborde, 2020). However, the economic outcomes are also having dramatic effects on the wellbeing of families and communities. Especially in low-income countries, for vulnerable families, lost income due to an outbreak like COVID-19 can translate to spear in poverty, missed meals for children, and reduced access to basics amenities including health care, water or housing.

The global spread of COVID-19 cause meticulous risks for one billion people living in informal urban settlements in the global South (Diana Mitlin, 2020). COVID-19 is having huge economic impacts, which felt across all section of society and all sectors of the economy in countries across the world.

The corona virus outbreak started from China; moved to Europe and now taking many death tolls in USA. All these epicenters countries of the current epidemic have the capacity to deal with these countries are struggling to overcome the situation. The WHO reported on 19th March 2020, that the spread of COVID-19 in Africa went from five to thirty countries in less than a week and also mentioned that the overall regional readiness level African countries to address current pandemic is about 66% (UNDP, 2020). WHO elaborated that the African continent does not have the manufacturing capacity to produce health machines such as ventilators and respirators. The main exporters of this health care equipment to African continent are Western countries and countries in Asia, including China and India whom also heavily affected with COVID-19 and stopped their exports which exposed state vulnerability towards COVID- 19 response.

In support to address COVID 19 response to African continent, the Jack Ma Foundation and Alibaba Foundation donated 5.4 million face masks, 1.08 million COVID-19 diagnostic tests, 40,000 sets of protective clothing, and 60,000 sets of protective face shields through African union. The United Nations also launches a \$2 billion global humanitarian response plan appeal to assist vulnerable countries in fighting the COVID-19 pandemic (Jenny Lei Ravelo & Sara Jerving, 2020).

5. GLOBAL RESPONSE TO COVID 19: ARE WE GOING IN A RIGHT PATH?

COVID – 19 is affecting the whole of humanity without any discrimination. Initially, the source of this infection was imported from China to neighboring countries as well as Europe and USA through flight travelers. When infection spread outside China, the WHO declares the 2019-nCoV outbreak a public health emergency of international concern.

The alarming levels of spread and severity, alarming levels of inaction by members' countries in subsequent days led WHO to declare COVID-19 as global pandemic on 11th March, 2020. After that, WHO guided the member countries to take six steps to control the pandemic by lock-down mode which include: expand, train, and deploy health

care workforce; create systems to find all suspected case at community levels; increase production and availability of testing; identify and equip facilities needed to treat and isolate patients; develop plans on how to quarantine contacts; and focus the whole government on the suppression and control of the pandemic based on ground realities from China and neighboring countries.

In the meantime, end of February, the WHO raises the global risk of spread of COVID-19 from “high” to “very high” which motivated more than 33 countries around the globe instituted travel restrictions, including travel bans of visitors from China or other countries reporting transmission of COVID-19, quarantine of foreigners, self-isolation of returning citizens and visa restrictions (Jenny Lei Ravelo & Sara Jerving, 2020). In addition to this, WHO also encouraged its member countries to implement social distancing measures like: closing schools, universities, private institutions, cancelling sports events and other public gatherings.

The Corona pandemic has constrained almost all the countries across the globe to go into a lock-down to contain the spread. The lock-down curtail people from stepping out of their homes. All transport services – road, air and rail were suspended with exclusion for transportation of essential goods, fire, police and emergency services. Educational institutions, industrial establishments and hospitality services were also poised. Services such as food shops, banks and ATMs, petrol pumps, other essentials and their manufacturing are exempted (Vaishnavi Chandrashekhar, 2020).

6. SOCIAL COST OF COVID 19 LOCK-DOWN AMONG VULNERABLE COMMUNITIES:

Any Public health emergencies increase the burden on health systems, making barriers to accessing quality health services greater for people of all genders (Christina Haneef & Anushka Kalyanpur, 2020). COVID-19 might be a virus, but it also has profoundly social effects causing vast impact on people’s lives, families and communities. While the virus infects people regardless of wealth, the poor will be most affected due to traditional segregation by income and race, decreased economic mobility and the high cost of medical care. Low-income communities are more likely to be unprotected to the virus, have higher mortality rates, and suffer economically. In times of economic crisis, these vulnerabilities will be more distinct for marginal groups – recognized by race, gender, and immigration status.

Countries like India, An estimated 139 million migrant workers from the countryside work in India's cities and towns. With factories and workplaces shut down, they were left with no livelihood. Millions of families who were already poor and vulnerable before the COVID-19 outbreak faced impossible decisions about food, healthcare and survival (Ismat Ara, 2020).

The COVID-19 crisis appears to involve a class dimension within the society: at the onset, the upper- and middle-income classes are the ones openly infected, because they are the ones who travel or aware with ones who have travelled. Currently, the impact on the lower-income classes is mainly through the response measures being undertaken (AICCTU, 2020).

In informal settlements across the global South it is common for families of 2-5 people to live in a single room house with tin metal sheets 3 metres by 4 metres and with a single water tap and pit latrine shared between 5-10 families. There is very inadequate public space for roads and pathways. For example, the average population density of ‘slums’ in Nairobi, Kenya, was 28,200/Sq.km people in 2009, a 51% increase in just ten years. This makes it likely that the virus will spread rapidly (Charlie Chilufya, S.J., 2020).

Water supplies may be limited both because of the cost and no access to piped water within the habitual area. Even water supplies are available, they are often intermittent in lower-income areas and they are frequently not cheap in the quantities required for good health. The WHO recommends 50 litres per person per day in non-emergency situations. This inadequacy of water makes it hard for regular hand washing to take place (Diana Mitlin, 2020).

Most of the people living in informal settlements have very little savings and nearly all work in the informal economy, often as employees in casual enterprises or as micro-entrepreneurs such as those selling vegetables. A small proportion has low paid jobs in the formal economy such as cleaners, factory workers and guards. Some of these families will be able to secure food from their extended family networks in rural areas but many will not. Increased use of food from rural areas will need more movement and potentially spread the disease. It is highly difficult for these workers to self-isolate; there is every likelihood they will carry on working. It is in this context, the virus exposes personal and family vulnerability and it rose following questions: How do you practice social distancing if you live in one or two room abode in a slum? How do you wash hands without clean water? How do you protect yourself when you don’t have government information, or know how to attain the basic services that may be available?.

It is observed that, people were seen breaching the lock-down and not following social distancing by crowding in vegetable markets, religious places in many part of low income countries. Centre for Disease Dynamics, Economics & Policy (CDDEP) has issued a report in association with Johns Hopkins University and Princeton University, where it said that a national lockdown in increased population density countries is not “dynamic” and could cause “serious economic damage”. It advocated state-level lockdowns in the most affected states (Vaishnavi Chandrashekhar, 2020).

7. CONCLUSION:

COVID-19 increases these existing vulnerabilities by adding one more shock to the current system. We must consider the most low income and fragile countries in particular, already affected by all manner of issues, whether they are underlying issues like high population growth, rapid urbanization, narrow economies, being landlocked, or already existing threats such as conflict, community insecurity, environmental degradation, droughts and cyclones. These conditions already exist and should COVID-19 spread as it has elsewhere in these places, we could see an impact that would in terms of society and community match or not in near future.

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