

Webinar On

Multi Sectoral Recovery Approaches to Post COVID19 and the ‘New Normal’

Webinar Report

Organized on: 15th December 2020

Jointly By



SAARC Disaster Management Centre (IU)
Gandhinagar, Gujarat, India

&



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United Nations Development Programme

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Program Note

Multi Sectoral Recovery Approaches to Post COVID19 and the 'New Normal'

Context

The SAARC region is frequently affected by natural hazards including floods, cyclones, earthquakes, landslides and droughts affecting millions of people every year. According to UNDDR, in 2015, 54% of the total disaster related deaths occurred in SAARC Member States. The new coronavirus that emerged in 2019, has added to the historical risks that prevail in the SAARC Region, one of the most disaster-prone in the world.

The pandemic is still evolving worldwide, and statistics of COVID-19 infected people and casualties are changing rapidly overtime. As of 10th December 2020, 68,165,877 people have been affected by COVID-19 worldwide. The SAARC region comprises over 23% of the world's population which remains vulnerable towards COVID-19. The SAARC Member States have reported about 11 million cases and a total of 161 thousand deaths in the region. COVID-19 primarily being a health crisis exposed the gaps in public health infrastructure and in basic facilities like sanitation facilities and access to broadband connectivity that sought highest importance during the pandemic.

While COVID-19 is first a health risk, governments measures such as lockdowns, social distancing and travel bans had cascading effects across economic and social dimensions, increasing inequalities and impacting on a range of human rights. Government policies to contain the spread of the virus, such as lockdowns and travel bans, had knock-on effects on economies as reduction in global supply and demand, increased oil prices, disruptions in the supply chains and reduced regional and global transport connectivity caused a global economic recession. In turn, disruptions in the supply chain led to huge economic losses in the commerce, business and enterprise sectors, resulting in increased unemployment, affecting particularly informal sector workers. Collapse of international trade has adversely affected South Asian countries as export orders have been cancelled or suspended for key labor-intensive products such as garments, leather footwear, handicrafts, and shrimp from South Asian countries causing widespread revenue and job losses. Tourism, an important sector in all South Asian economies, particularly for Maldives, has been severely hit destroying the livelihoods of millions dependent on it and related activities. Foreign exchange remittances, which account for over 30% share of GDP of Nepal and have significant shares in Bangladesh, Pakistan, and Sri Lanka could decline by 22% on an average.¹ A World Bank report, has tried to quantify the impact of school closures in monetary terms. The report says that up to 391 million children have been kept out of schools across the South Asian region leading to a severe learning crisis. Further, it says that 5.5 million children may end up dropping out of schools due to the pandemic. The school shut-down will lead to a loss of 0.5 'learning adjusted years of schooling.'² Both the health risks and the economic impacts of

¹ https://www.unescap.org/sites/default/files/South%20Asia%20Covid-19%20Paper_5.pdf

² <https://bloncampus.thehindubusinessline.com/news-wrap/politeco/the-covid-cost-of-education/article32882193.ece>

the coronavirus are disproportionately affecting population groups with pre-existing vulnerabilities as well as creating new poor and new vulnerabilities.

With no foreseen permanent cure, the risk continues to increase, and there is high uncertainty around the return to business as usual. The approach to socio-economic recovery from COVID-19 must be dynamic and flexible, adapting to the 'new normal', with various sectors deriving resilient approaches for sooner and better recovery.

Objectives

Against this background, the **SDMC (IU), in collaboration with UNDP**, organized a webinar on **"Multi Sectoral Recovery Approaches to Post-COVID-19 and the 'New Normal'"** on the **15th December 2020**. The objective of the webinar was to highlight the challenges faced by different countries and sectors during COVID-19 and discuss multisectoral and resilient recovery approaches to the post-COVID-19, and beyond. In particular, the Webinar aims to:

- i. Highlight the impact of COVID-19 across different sectors including health, education, tourism, industry and commerce, employment and livelihoods, gender, social protection and others, during the pandemic of COVID-19;
- ii. Discuss policies and measures adopted by different countries to respond and adapt to the pandemic scenario;
- iii. Discuss Recovery plans and strategies that are sustainable and resilient to deal with such crisis in the future.

Participants

This webinar engaged Senior Officers from Ministries (especially, health, education, tourism, industry and commerce, employment and livelihoods, gender, social protection) from Member States dealing with Disaster Risk Management, Disaster Response; National Disaster Management Organizations (NDMOs) from all the SAARC Member States.

Agenda

S.No.	Topic	Time	Resource Person
1.	Inauguration of the Webinar	30 min	SDMC (IU)
	Welcome & Introduction of the Speakers and about the Webinar	<i>10 min</i>	Director, SDMC (IU)
	Introductory Remarks by Member States	<i>16 min (2 min each + 4 min moderation)</i>	Representatives from all the SAARC Member States Afghanistan: Mr. Mohammad Omar Mohammadi Bangladesh: Ms. Momena Khatun Bhutan: Mr. Tashi Dawa India: Mr. Sandeep Poundrik Maldives: Ms. Aminath Shanfa Nepal: Mr. Beda Nidhi Khanal Pakistan: Mr. Niaz Muhammad Khan Sri Lanka: Maj. Gen. Sudantha Ranasinghe
2.	Panel Discussion: Experience of COVID-19 Needs and Recovery Assessments (Experts presentation) 1. COVID -19 Recovery Needs Assessment 2. Post COVID Recovery: A Health perspective 3. Promoting Green recovery	50 min (15 min each)	Mr. Ronald Jackson, UNDP Dr. Maung Maung Than Htike, WHO Dr. Muralee Thummarukudy, UNEP
	Discussion + Q&A	<i>15 min</i>	Moderator – Ms. Rita Missal, UNDP
3.	Experience Sharing and Lessons Learned from Member States: Recovery approaches towards building back better	45 min (5 min each)	Representatives from all the SAARC Member States Afghanistan: Dr. Lais Mustafa, MoPH Bangladesh: Ms. Momena Khatun, Ministry of DM & Relief Bhutan: Mr. Tashi Dawa, Ministry of Economic Affairs

			<p>India: Mr. Sandeep Poundrik, NDMA</p> <p>Maldives: Ms. Aminath Shanfa, NDMA</p> <p>Nepal: Mr. Beda Nidhi Khanal, NDRRMA</p> <p>Pakistan: Mr. Niaz Muhammad Khan, MED</p> <p>Sri Lanka: Ms. Kimarli Fernando, Tourism Development Authority</p>
	Discussion	10 min	Moderator - Director, SDMC (IU)
4.	Wrap up	10 min	Ms. Rita Missal, UNDP

Regional Webinar on Multi Sectoral Recovery Approaches to Post COVID19 and the 'New Normal'

Introductory Session

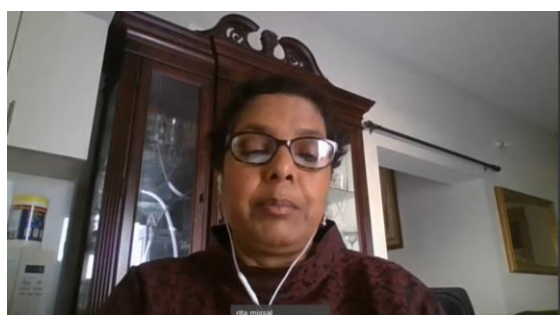
On behalf of the SAARC Disaster Management Centre, Mr. Sumedh Patil welcomed all the participants from respective SAARC Member States for the second webinar conducted by SDMC(IU).



The keynote address was given by Mr. P.K. Taneja, Director, SDMC (IU). He welcomed and introduced all the dignitaries and resource persons.

Representatives from each Member States gave introductory remarks.

The panel discussion was moderated by Ms. Rita Missal, UNDP.



Session 1: COVID -19 Recovery Needs Assessment

Mr. Ronald Jackson, UNDP



Mr. Ronald gave brief idea about the systemic risk and how is it changing the nature of disasters. Given the current global situation, novel coronavirus has added to the existing historical risks in Asia and the Pacific. In 2019, this region witnessed relentless sequence of disasters. The underlying risk drivers have been poverty, gender inequality, marginalization, social-economic & political exclusion, climate change, rapid & unplanned urbanization, unsustainable use of natural resources, etc. COVID 19 with this platform of risk drivers has made nature of risk quite systemic. Risks are not local and unique to exposed element but can cascade to other parts of the 'system'. The cascading effect of COVID19 on the economy have created new poor and new vulnerabilities. He listed 10 lessons learnt from the pandemic:

Lesson 1- Caught Unaware: Countries need to anticipate and plan for pandemics and disasters.

Lesson 2- Health first: A faster and stronger health response is critical to contain pandemics.

Lesson 3- Preventing a Socio-Economic Crisis: Rapid funding is pivotal to protect the most vulnerable.

Lesson 4- Get the Evidence: Data and Assessments must guide recovery.

Lesson 5- Show me the money: Diverse financing arrangements help to sustain long term recovery.

Lesson 6- Be the leader: Dedicated national leadership is essential to achieve effective recovery.

Lesson 7- Stronger together: Engaging local governments and community for inclusive response.

Lesson 8- Build forward: Greener, smarter, better.

Lesson 9- Use the data: Disaster data can help countries deal with changing riskscapes.

Lesson 10- Innovate!

Here he gave example of a feasibility study done by UNDP Bangladesh on Universal Basic Income for COVID 19 recovery. The study showed that income support of US\$29 per month to every household for six months will cost less than 2% of the country's 2019 GDP.

Mr. Ronald highlighted recommendations for COVID19 socio-economic recovery which include international & regional cooperation, governance, social protection, green economy, digital disruption and innovation, and funding to reduce multiple risks.

Session 2: Post COVID Recovery: A Health perspective

Dr. Maung Maung Than Htike, WHO



Dr. Htike highlighted that recovery is the most complex of the disaster management functions. In this pandemic, health and socio-economic sector recovery must happen together. Emerging lessons being learned from the pandemic are- leadership at all level of governance, risk-informed decision making, whole of society approach, knowledge & innovation, managing the infodemic, core health requirements under IHR, and community engagement. Dr. Htike recollected the WHO regional priorities related to health emergency and disaster risk management which includes:

- "Scaling up capacity developments in emergency risk management" – one of the eight regional flagship priorities in South-East Asia Region since 2014
- "Delhi Declaration on Emergency Preparedness", 2019 with four main focus areas: Identify, Invest, Implement, Interlink
- "'Member States' declaration for collective response to COVID19", 2020

He explained the health risk management framework, for achieving resilience and SDGs, especially focussing on universal health coverage. Framework also highlights that preparedness is the key to achieve resilience.

Dr. Htike explained about the Intra-Action Review (IAR) in preparedness and response cycle for qualitative review of actions at national and sub-national levels so that countries do not miss critical opportunities for learning and improvement to better respond to the COVID-19 outbreak. Further he discussed about Health Emergency and Disaster Risk Management Framework, resilient health system, and promoting partnerships & cooperation.

Session 3: Promoting Green recovery

Dr. Muralee Thummarukudy, UNEP



Dr. Muralee discussed that how COVID 19 is a primarily a health crisis but we also know that it's not just the health crisis. It led to lockdowns which led to economic recession and even in countries which did not lockdown. Like every other sector, COVID19 has also affected environmental sector. He discussed about habitat destruction and zoonotic diseases. To prevent future pandemics, better management of environmental resources and biodiversity is required. With such huge number of people affected by the virus, health waste management has been of concern. The waste produced is not only from the patients but also the healthcare workers which includes PPEs. It is estimated that waste of 1kg-3kg is produced per patient per day. In many countries, problem wasn't the existing system to manage waste but these systems got overwhelmed. The need to improve healthcare waste management system, with or without COVID, came as a lesson. Dr. Muralee discussed about the work of UNEP in Afghanistan and India. He also highlighted that not just the healthcare waste management was affected but also general waste management was affected due to multiple reasons. Due to lockdown, there were issues of waste collection- segregation or aggregation of waste from people who were in quarantine or isolation was an issue. At many places such waste was not collected because this was household waste potentially contaminated. The plastic waste

management also took a backseat during this crisis. The amount of plastic waste increased dramatically because of packaged material, packaged food, online shopping. These challenges emerged on environmental sector during the pandemic and are lessons to be learnt for future.

Session 4: Experience Sharing and Lessons Learned from Member States: Recovery approaches towards building back better

Afghanistan

The Member State representative from Ministry of Public Health presented on the statistics of the cases in Afghanistan. Afghanistan formulated new policies post first wave of COVID which were expanded after second wave. Few such policies are strengthening national health system, participation of private sector, introduction of clinical case definition and standard treatment guidelines, strengthening risk communication, home based care, prevention of corruption. Plans were made in line with these policies. Measures were taken accordingly like strategic leadership for controlling COVID19, hospital care, lab expansion, surveillance & contact tracing, risk communication, logistics & operation, and trainings. The trend of COVID19 is still not known thus mid-term and long-term recovery plan is required. The pandemic disturbed other essential services like mother and child care, polio immunization program, etc. but also came as an opportunity to strengthen the system.

Bangladesh

The Member State representative couldn't connect online. Few points from the presentation shared are as follows:

With the outbreak of covid-19 there was precautionary lockdown and Army was

deployed all over the country. Other measures were closer of providing online class facilities, arrange loan facilities for the students to buy smart phone, declare incentive for prime health fighters, cash incentive for temporarily workless people, cash incentive by EFT to avoid middleman, conduct mobile court to ensure social distancing and daily need supply chain uninterrupted.

Bhutan

The Member State representative from Ministry of Economic Affairs highlighted the very controlled number of cases in Bhutan and zero mortality because of good political leadership. All the 438 cases (out of which 404 are recovered) that were in isolation or quarantine, all the associated cost was borne by the State. This was done as per the constitution of Bhutan – to provide free health care services to all its citizen. The socio-economic issue was dealt with by providing minimum daily wages to all people who have been displaced, who lost their small businesses, or businesses that shut down. Infodemic has been avoided through dissemination of right information through regular updates, press releases and briefings by the Prime Minister. All the students in all parts of the country received online education through self-instructional material developed by Ministry of Education. Accelerating investment in manufacturing sector, public infrastructure development work to ensure liquidity in the market, promoting bubble and domestic tourism, are some of the measures taken towards recovery.

India

The Member State representative from NDMA described how phasewise lockdown happened since March 2020 and use of technology – Aarogya Setu - in contact

tracing and alerting people. NDMA developed a DSS platform that was geo-enabled to which all the state authorities and other stakeholders were given access and data was taken from Ministry of Health. This helped in planning actions to respond to COVID19. National Migration Information System (NMIS) was also developed to facilitate coordination between interstate, states and railways for stranded persons. Similarly, he explained about other systems that were developed in response to COVID like COVID-19 Savdhan, psychosocial helpline for COVID-19 people, mobility monitoring, etc.

Maldives

The Member State representative from NDMA shared the previous experience of such health emergency and existing multi-sectoral approach as mentioned in the DM act. Health protection agency from all the stakeholders were operating even before the first case was reported. National Emergency Operation Centre was established and responsibility was given to NDMA, Maldives. The tourism was not allowed with the identification of first case itself, this had negative impact on the income of many people who were dependent on tourism. As a lesson learnt from this pandemic, Maldives need to find other mechanism of ensuring the food security because 90% of food consumed in Maldives is imported; Importance of CSOs and private sector inclusion in emergency management.

Nepal

The Member State representative from NDMA highlighted that Nepal being a land-locked country faced issue of managing migrants as borders were sealed due to lockdown. In four months of lockdown all the sectors including tourism, education, employment has been affected. Many

ministries are planning recovery framework. Food, health and infrastructure systems are in first priority and much is invested in these sectors. Risk mapping and communication is a major lesson, data command centre is necessary to avoid data gaps. Many systems like health and education are based on private sector which are tried to be run on digital facilities. Regulating the private sector has come in as a challenge. Infodemic and economic growth are other challenges.

Pakistan

The Member State representative from Ministry of Industries and Production informed about the National Coordination Committee; and Commands and Operation Centre headed by Ministry of Planning. In terms of relief, Government released Rs. 1.2T worth of package spent through multi-sector to address the challenges. Economic package supported low income families, daily wage workers, agriculture sector, utility stores corporation, accelerated procurement of wheat, SMEs, COVID19 testing was almost free through National Institute of Health. Construction sector was opened first considering the long value chain, then industries were open in phases.

Sri Lanka

The Member State representative from Ministry of Tourism informed that only selected areas identified by Ministry of Health are undergoing lockdown, rest provinces and districts are open. Tourism industry in Sri Lanka has been resilient to past challenges but the COVID situation has been very unique where entire global tourism industry come to a halt. There has been no tourist arrival in Sri Lanka since March. For recovery in tourism sector, 3 key areas have been identified. First, in short term, survival of industry stakeholders and service providers so that they don't move out

otherwise it would be difficult to rebuild capacities to resume tourism. Thus, financial support & relief package was provided to these service providers in form of moratoriums, special loans, financial grants and delaying payments of utility bills. In medium term, contribution and promotion of local tourism for business sustainability was looked into. In long term, changing strategic direction of the industry to be effective under new norm and conditions. Linking digitization and technology with tourism need to be explored. Sustainable tourism; clean, green and responsible tourism; is going to play a major role during and after COVID.












Concluding Remarks

















Concluding remarks were given by Ms. Missal and vote of thanks was given by Director SDMC(IU).
















Webinar on Multi- Sectoral Recovery Approaches Post COVID 19 and the New Normal

15th December, 2020

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