

# Covid-19 Pandemic-Financial and Health Crisis

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**Abstract:** The power of the coronavirus to create an upheaval in people's lives depends largely on their income in a country with about one out of four people still living in poverty. The present paper illustrates quiet, anonymous moments of near-starvation and health among a large swathe of the working, poor sections in the country because of the corona virus pandemic

**Keywords:** Corona virus, Pandemic, Health, Epidemic, Transmission, Prevention, Malnutrition and Immunosuppressive.

**Introduction and discussion:**

Regardless of where the pandemic started, once underway, the poor tend to bear the brunt<sup>1</sup>. With the shutdown lingering on, more people are going to bed hungry than in the pre-virus period. In an effort to limit the spread of the virus, the lockdown has been extended. The country has so far reported many infections and lesser number of deaths. The shutdown caused economic pain for the daily wage-earners. Before the restrictions came into force in late March, many workers started moving away from the potential hotspot into seemingly safer zones which is still continuing. The workers, mostly employed in the different industries, rushed back to workplaces to save their jobs amid a fog of information over the shutdown. The images of desperate workers continuing their long journey on foot or on crowded river ferries came as a shock at a time when social distancing is being enforced by the government. Workers now face the grim prospect of employment drought in the various places that counted billions in cancelled or suspended orders as the coronavirus roiled demand in the country.

It's not just the poor who are suffering during the shutdown. There are some "middle-class" families suffering in silence and noted the potential implications of the virus on low-income groups and warned of deepening economic costs in the days to come. Fiscal packages and low-cost loans for businesses, including small and medium enterprises, are prioritised in an effort to limit the economic fallout. Social safety net programmes are expanded to ensure the basic needs of people living below the poverty line, but questions loom over whether the amount of government aid is enough to offset the colossal damage wrought by the disease<sup>2</sup>.

More than 100 million people living in cities worldwide are likely to fall into poverty due to the coronavirus pandemic, calling for mapping tools to identify vulnerable communities and investment focusing on slums. Densely populated cities are at the front line of the contagious outbreak. People living in poverty with little or no running water, sewage systems or health care access have been hit especially hard<sup>3</sup>. Reaching vulnerable communities during and after the pandemic means recognizing how systems such as water, health, housing, transport and the economy are connected, these same distributional inequalities are also likely to play out

within poor countries. The poorest regions in a country are often the most vulnerable since they have fewer pandemic response resources—fewer health workers and clinics and less medicine. When outbreaks begin, the poor are also more likely to have already been suffering from malnutrition and immunosuppressive conditions, which can increase susceptibility to infectious diseases.

Epidemics and pandemics can cause enormous economic damage as workers fall sick, fearful people avoid markets and public places, and quarantines and disease control measures reduce travel and clamp down on trade. Acute economic disruption carries particular risks for poor households, whose livelihoods are already precarious. Since poor populations face a higher spark risk, a greater chance that an outbreak will spread in these communities and a higher likelihood of health and economic shocks, pandemic preparedness efforts must preferentially target the poor. This means doing key pro-poor things like focus on countries with high disease burdens and high spark risk. This requires domestic and international investments in basic public health systems, including investments in human and animal surveillance, paying close attention to addressing vulnerability in the poorest regions.

Longer periods of physical isolation, especially if experienced as involuntary, without an adequate and convincing explanation, or accompanied by financial losses can compound risks of adverse mental health consequences of physical isolation. People with pre-existing or constitutional vulnerabilities to psychiatric disorders including anxiety, depression, obsessional symptoms, substance use, suicidal behavior, and impulse control disorders will be especially vulnerable to stress-related symptom exacerbations. While we know these psychological effects are permeating the population, we do not yet know their extent or impact. We have previously experienced naturally occurring and human-made disasters, but nothing in our lifetimes compares to the scope of the COVID-19 crisis. The last comparable event was the Spanish Flu Pandemic of 1918. Subsequent epidemics including polio, HIV, Ebola, MERSA, SARS, and Swine Flu, though in some cases more virulent, were much smaller in scale, shorter and less disruptive to society. While the polio and HIV epidemics may bear some similarities to COVID-19, they did not approach the magnitude of population-wide psychological impact. Therefore, studies of the mental health effects of recent epidemics offer limited guidance about after-effects of the COVID-19 pandemic. Similarly, recent disasters, such as Hurricane Katrina or 9/11, were more constrained in space and time than the COVID-19 pandemic.

Conclusion: Looking into the near future, containing the COVID-19 epidemic is likely to take several months. Public health interventions should be directed towards social distancing and improving hygienic practices. These interventions will be effective in delaying the onset of wide community transmission, reducing peak incidence and its impact on public services<sup>4</sup>. Testing, contact tracing, isolation of infected, and precautionary self-isolation of contacts is critical in reducing the number of new cases<sup>5,6</sup>. An exceptionally high degree of understanding in the population and acceptance of these measures is also critical<sup>7</sup>. These interventions have to be balanced with getting back to normal life and everyday activities to the best extent possible until a reversing the trajectory of the pandemic is traced<sup>8</sup>.

Multiple trials are currently underway to develop novel treatment options as well as a vaccine to treat the respiratory syndrome, but results are still awaited<sup>9</sup>. Moreover, months are needed before a vaccine is developed and approved. Even though herd immunity develops over time, vulnerable groups as the healthcare workforce and elderly people should still be preserved. Smart working and staggered shifts may have to be adopted to mitigate COVID-19 transmission in the future. Digital didactic and online learning can be protracted for months. Also in the future, infectious diseases will be probably included amongst the most important health hazards along with anti-microbial resistance<sup>10</sup>. In addition, timely identification, efficient diagnosis, rapid isolation, and clinical management would remain in the forefront<sup>10</sup>. This is what we have to learn from this Pandemic.

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