Faces of Inequality in Asia:
Impact of COVID-19 & Vaccine Inequality
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Director’s Message

Dear readers,

It has been three years since the world witnessed the onset of the COVID-19 pandemic that exposed various forms of inequalities – which existed before - in a much harsher way. As we shared in the Global People’s Assembly Declaration held in September 2022 that the world’s political, financial, economic and social architecture – as well as the individuals who lead these systems – is failing us. Rising food and energy prices, loss of livelihoods, climate change, environmental degradation, war and critical gaps in healthcare – including inequities in the fight against Covid-19 – are pushing excluded people to the margins and making our planet uninhabitable.

The loss of millions of human lives worldwide and the collapse of public health systems in many countries posed unprecedented challenge to the people, and the governments have been scrambling to restore order and public services. During the pandemic GCAP has been actively pursuing its engagement in the implementation of the SDGs to address inequalities and poverty. In the “Faces of Inequality campaign” we have constantly been highlighting the causes of the most marginalised groups by giving them a face in our actions, and simultaneously showing the other side – the extreme wealth - and the injustices leading to it.

The work of GCAP on addressing the Vaccine Inequality is an apt response to the lopsided global vaccine production and supply mechanism where the rich countries are hoarding most of the vaccines for themselves leaving a pittance for the low and middle income countries. Knowing fully well that only fully vaccinating the world can save us, we demand a People’s Vaccine by providing free and universal vaccines, and a waiver of the Trade Related Intellectual Property (TRIPS) of the Covid vaccines, therapeutics and the diagnostics by the World Trade Organisation (WTO) so that the Pharmaceutical companies in the low and middle income countries can use the technology for mass production and distribution.

Through this Faces of Inequality in Asia report we have made an attempt to capture some of the pressing case studies on the impact of Covid -19 on people’s lives and of the vaccine inequality. Still many people don’t have access to vaccines - especially marginalized groups as this publication shows. In Asia and even more in Africa where less than 25% of the population is fully vaccinated, vaccine inequality remains a big challenge.
I take the opportunity to thank the GCAP members for incessantly monitoring the cases of exclusion on vaccines and related areas at grassroots level. I thank Pakistan Development Alliance (GCAP Pakistan), Wada Na Todo Abhiyan (GCAP India), NGO Federation of Nepal (GCAP Nepal), Noakhali Rural Development Society (secretariat of GCAP Bangladesh), Cooperation Committee of Cambodia (GCAP Cambodia), Philippines Rural Reconstruction Movement (secretariat of GCAP Philippines), Asia Dalit Rights Forum (Social Justice Task Force of GCAP), Africa Japan Forum, ONE Singapore (GCAP Singapore) for being part of the collective fight against vaccine inequality. I also thank the People’s Vaccine Alliance and Bread for the World, Germany, for supporting this work on Vaccine Inequality politically and financially.

I hope that this report will be a reminder for rich countries, which are blocking the TRIPS waiver at the WTO, the policy makers and the UN system to enable a policy regime based on equality and respect to human dignity and human rights. Let’s learn from the pandemic and work towards a world where universal social protection floors including a universal health coverage is in place, a world where there is equal treatment for rich and poor countries, for the haves and have-nots, and the rights of all the marginalised communities are protected!

In Global Solidarity,

**Ingo Ritz, Director**
Global Call to Action Against Poverty (GCAP)
November 2022
Introduction

When the Covid-19 pandemic took the world by storm, all of us were caught off-guard with no exceptions. It was a challenge for all countries and communities to cope up with the situation. Various communities who are marginalized based on gender, class, religion, physical disability, and the like faced multiple challenges. The Asia Vaccine Inequality Project is aimed at, raising awareness, research, mobilisation and advocacy to address the vaccine inequality existing between the global north and south and within countries. These included actions - both online and physical (Wherever possible owing to the pandemic) by GCAP and its members through mobilizing communities to end vaccine equality and for better access of test and treatment for the marginalised communities. Mobilisations continued despite several outbreaks and limited resources. As was proven during the entire course of the pandemic and after, the spirit and strength of community prevailed.

This report has been prepared to share stories of human struggle in the face of this unprecedented time in history. The stories in this compilation are on vaccine inequality, impact of Covid-19 pandemic on education, livelihood and human rights etc. They are not mere figures, but are actual human experiences and stories that must be told, shared widely and brought to the knowledge of the public representatives, officials, UN systems and so to intervene and make situation better in future. The cases are from Pakistan, India, Nepal, Bangladesh, Cambodia, the Philippines, and from the Dalit (Also termed as the Community discriminated by work and descent-CDWD) groups in South Asian countries. A case describes how a family suffered during pandemic in Cambodia, but also get back to normalcy after being given free vaccines by the government. Another case discusses how Dalit people were treated with indignity by the government hospitals in India. Still another on a persons with disabilities facing difficulties in Pakistan. There is also a good case where a Dalit family got vaccinated without any difficulties in Bangladesh. We hope that in the coming years, we will engage more and more on bring forth more such hard hitting cases of exclusion, discrimination and negligence to the limelight as inputs to the policy frameworks.

It is our hope that this campaign will lead to more and more civil society organisations joining us to work on the issues of inequalities (Including vaccine inequality), poverty, social protection, climate justice and such issues. We also hope that such documents will influence the rich governments for adopting a TRIPS waiver and all governments to adopt policies for free and universal vaccination.
Little empathy for the ill members of the Dalit community during the pandemic

Virender is a resident of village Sukhdevpur and belongs to Scheduled Caste (Dalit) community. During the peak of the Covid-19 pandemic, one expects that people treat each other with more consideration and kindness because we are all facing similar challenges, but this was not what he and his wife experienced.

Virender’s 36 year-old wife, Rukmani Devi started to have health problems in May 2020. She suffered from severe diarrhea in that month, so Virender took her to the nearest Community Health Center (Government hospital) at Sonbhadra. They were both treated unkindly – even to the point that medicines that she needed were thrown unceremoniously towards them. Rukmani Devi was not checked, treated or admitted into the hospital despite her obvious sickness. Virender requested for the assistance of an ambulance so they could just go home, but he was denied this as well. To manage, he borrowed a bicycle and had to carry his wife on his back and ride 9 kilometers on the bicycle. A month later,
Rukmani Devi got even worse. She started vomiting blood, and her diarrhea was still there. Virender suspected that she was suffering from Tuberculosis (TB) so he took her to the district hospital. Again, she was not given any treatment. The Operating Department (OPD) was also closed. Although this was the height of the pandemic situation in India, they were not tested for Covid-19. Desperate to help his wife, Virender took her to a private hospital. He was initially charged INR 6000 rupees (approx. $75), but later needed to pay 30,000 rupees ($390). He tried to use his insurance issued by Pradhan Mantri Jan Arogya Bima Yojana (Prime Minister’s Insurance Scheme) but could not do so as the hospital told him that his card is not functioning.

Virender and his wife suffered unnecessarily at a time that they desperately needed help because of the negligence and lack of empathy of government services. While the biggest issue was the lack of urgency and consideration they were treated with, they could not even use the insurance when they resorted to a seeking help from a private hospital. This case is not an isolated one – still many others have the same stories of neglect. The Scheduled Castes deserve much better from the government, especially when they are in the most vulnerable situations.
Ms. So Saroeun and her family are originally from Prey Veng Province but later migrated to Phnom Penh in 2008. She is 30 years old and is a garment worker in Phnom Penh, while her husband is a construction worker. Working as a garment worker, Ms. So Saroeun earns approximately 50,000 Riel ($12) daily. Her husband earns 70,000 Riel (USD 17.50) daily. However, her husband’s job is not regular. He stops working when it rains, and sometimes needs to change the find other construction sites to work on. Together they earn an average monthly income of about 2,300,000 Riel ($560). They live in a small size rented room, which costs 200,000 Riel per month (USD 50), located in Mittapheap Village, Sangkat Russey Keo, Khan Russey Keo, Phnom Penh. So Saroueun has an 8 year old son studying in Grade 2, at a public primary school in Phnom Penh.

Like many other families, So Saroeun and her family suffered during the pandemic because of the closure of workplaces. Her family found it difficult to earn regular income to support the family and daily livelihood. Ms. Saroeun mentioned that her family needed to reduce
expenses on food, clothes, and medicines. When the situation finally improved, they were allowed to work as long as they followed and practiced self-protection guidelines issued by the Ministry of Health. During the COVID-19 crisis, she shared that her family's physical and mental health were severely affected because they could not go out to work and hang out. She shares:

"After having problems with COVID-19 for the past two years, I had difficulty finding a job. Day by day it created heavy burdens for me and my family to deal with everyday life, especially physical and mental health due to the stress caused by staying home long; we also did not have sufficient money to buy housing materials and meals to reserve for the family members."

**Got vaccines in time:**
During the pandemic, Ms. So Saroeun’s family members received free vaccinations from the government. She received three doses of SINOVAC; her husband received two doses of SINOVAC; her son received three doses of the same vaccine. She received information from local authorities and the Ministry of Health through social media (Facebook) on new ways of living during the pandemic. The construction site where her husband was working also provided some food to her family as well protective gear: face masks, sanitiser and other assistance. They did not receive any financial support from the government because it was limited to Covid-positive residents in affected zones.

Their experience in getting the vaccine was easy - there were no challenges to accessing vaccination, and it was free of charge. After receiving full vaccination and the situation of Covid-19 improved, Ms. Saroeun and her husband returned to work, and her family started to have a stable income. Their son is also back in school. Currently, Saroeun’s family has enough money to support her family and is able to reunite with relatives and neighbours, especially because they’re not living in fear of the virus anymore. “Providing vaccines to all people is part of improving the COVID-19 situation in Cambodia so that we can get back to work,” said So Saroeun.
The Covid-19 pandemic has revealed the extent of exclusion that the most marginalized communities in Pakistan experience. Among the most adversely affected groups are Pakistan’s 28 million persons with disabilities (PWDs), who make up 10% to 15% of Pakistan’s population. Even under pre-pandemic circumstances, persons with disabilities are neglected and suffer from reduced access to education, poverty, unemployment, abuse and low rates of participation in the community. The pandemic has only intensified the existing inequalities, making PWD’s among the groups hardest hit by the Covid-19 pandemic.

PWDs have to face many social barriers at home too. Most families in Pakistan find dealing with PWD’s a social challenge and a source of shame, resulting in their exclusion from many family events. While in schools, on the roads, or other public spaces like the market, people stare at them or ask intrusive questions leaving them upset. Apart from these issues, there are other challenges that make them even more vulnerable during the Covid-19 pandemic. Some of these challenges include lack of access to public health information, significant barriers to implementing basic hygiene measures, and inaccessible health facilities.

A Persons Living With Disabilities describing is difficulties during the pandemic

(Video: https://www.youtube.com/watch?v=Tp80x_lsbyY)
People with disabilities are usually dependent on their caregivers or others to help them with their basic needs. Since some of this support requires physical closeness, it can be difficult for them to practice social distancing with their caregivers. In terms of practicing basic hygiene, they may face challenges accessing hand basins or even washrooms. Some even have difficulty rubbing their own hands while washing them.

Most people with disabilities suffer from a lack of access to public health information. For instance, when we talk about Covid, the information in sign language or in a way that is more accessible for people with varying disabilities is very limited. Additionally, materials are not translated into local languages, making it difficult for those who do not understand English.

Persons with disabilities require personal assistance on a daily basis to carry out their daily activities are intensely affected. For example, a person who uses a wheelchair needs assistance to help load his/her wheelchair onto a vehicle when they need to go to the hospital or elsewhere. During the pandemic social distancing has made it extremely hard for these people to seek assistance from others. Due to the pandemic, their living environments have become even more restricted, leading to more isolation. This isolation caused many people with disabilities to experience increased levels of depression and anxiety.

In Pakistan, even before the pandemic, people with disabilities struggled to achieve economic security and independence. With the outbreak of the coronavirus, they were at heightened risk of unemployment, which makes it even harder for them to have economic security. The stigma and misconceptions attached to the capabilities of people with disabilities have also been exacerbated by the pandemic. People with disabilities additionally do not have access to social protection and relief programs as their needs are not being prioritized. And during the pandemic their economic condition has become miserable.

Government of Pakistan should ensure that all healthcare facilities for Covid-19 are accessible and inclusive; make public health information accessible for people facing all kinds of disabilities and also engage people with disabilities in the Covid-19 response process to address their needs as well. It is indeed significant to ensure that disabled people are part of the financial compensation schemes.
Children’s education suffered during the pandemic

Chan Danai, 21 years old, moved from a rural village in Kandal province to Phnom Penh to study Environmental Sciences at the Royal University of Phnom Penh (RUPP). She is now in her third year at the university, and she is living in a rental room located in Sangkat Obey Kaorm, Khan Sen Sok, Phnom Penh. Since childhood, she dreamt of getting a university degree. This motivated her to leave the countryside and move to Phnom Penh.

Before the pandemic, Chan Danai attended face-to-face classes for only one year. She enjoyed spending time with her classmates, and it allowed her to establish a social connection with her friends at the university. This inspired her to study even harder to achieve her dream.

Unfortunately, in early March 2020, there was a COVID-19 outbreak in Phnom Penh. Since then, the government restricted the physical gatherings, and the university was temporarily closed to avoid the spread of the virus. The university implemented online classes instead. This upset Chan Danai because seeing her friends - one of her greatest sources of joy – was gone because of the COVID-19 pandemic.
To add to her distress, she did not have enough money to pay for internet. Whenever she did get to go online, exams and group assignments were difficult because she was used to physical, and more dynamic interaction. Getting healthy meals was also a challenge because she could not go out as easily as she did pre-pandemic to buy food. All these changes took a toll on her physical and mental health, but she was able to adjust. Chan Danai’s parents would have helped her, but they had their own struggles in finding income. Ever the considerate daughter, she refrained from adding to their burdens and managed to deal with her concerns independently.

To protect herself from COVID-19, Chan Danai signed up for and received free vaccination that the government provided. She appreciated how effective the information campaign from the Ministry of Health was on social media, especially on topics of how to protect herself and others from getting infected. Because she was not in the “red zone area”, she didn’t not receive any more assistance besides vaccination – but even then, that was already great help.

The COVID-19 situation has improved in Cambodia, and the vaccination program has been effective and well-communicated. Chan Danai’s parents also fared better now because they could perform livelihood activities as they did pre-COVID-19. Chan Danai learned many lessons during this pandemic, and not just from school. She learned of independence, enduring to fight harder for her dreams, and she learned to empathize with her parents even more because they went through the difficulties of the lockdowns together, albeit apart. She calls on developed countries around the world to supply medical facilities to and transfer the formula or technologies for producing the vaccine to developing countries, which includes Cambodia. She hopes that they can produce the vaccine as the Western countries do for in order to help more people, especially the poor and vulnerable.
Cumbersome government system discouraged clinics to work during pandemic

Isarog Birthing Clinic in Naga City was established in 2012, and has since provided quality service to women and children. They also hold training programs for midwives coming from various schools in order to ensure proper care and treatment to mothers and their babies. They are accredited by the Philippine Health Insurance System (PhilHealth) since they first started. Philippine Health Insurance System is mandated to provide health insurance coverage and ensure affordable, acceptable, available and accessible health care services for all citizens of the Philippines, but has failed to meet the demands of its beneficiaries due to its underperformance and issues of corruption. Isarog Birthing Clinic was burdened by the slow and tedious action, and superfluous requirements of PhilHealth in order to process and receive claims from the government insurance system.

During the pandemic, the operations of the clinic changed drastically. They implemented the necessary precautionary measures to combat the spread of the virus. They limited the number of patients they admitted, and set up a quarantine process for the staff. They required antigen tests to ensure everyone’s health and safety but could not strictly...
Clinic and mothers of the Isarog Birthing clinic try to stay optimistic despite life’s struggles in the middle of the COVID-19 pandemic

implement this swab test because most of their clients come poorer sections. They were struggling to make ends meet to fund food, clothing, rent, and transportation – they could barely afford an antigen test.

With a small team, they felt uncertain but they went ahead. Said a clinic manager, “Malaking adjustment, nangangapa kami ‘non, at walang definite na alam kung ano ba ang tama,” (We had to do huge adjustments. We had to figure it out because we were not certain if what we were doing was correct.)

Because of this setback, it was only natural that the Isarog Birthing Clinic staff expect ample support from PhilHealth, since the agency increased their budget. Unfortunately, they did not receive this support. Other hospitals also faced similar situation, and some ceased operating due to the inability to thrive amidst rigorous processes of claim settlement. In 2021, the Integrated Midwives Association of the Philippines (IMAP) wrote a letter to PhilHealth about the delayed payments that are hindering the ability of clinics to provide service and pressuring them to stay afloat. As a response, they paid some clinics but not in full. There are now birthing clinics that collect fees from patients despite being PhilHealth accredited because of the lack of financial resources. Some owners have even resorted to borrowing the salary of their health workers to keep their lying-ins from closing. While many healthcare providers, midwives and nurses fought for the lives of their ward with limited resources, with some even shelling out expenses their own pockets, PhilHealth prioritized profit over patients’ lives.
Challenges in Identity and impact on health of the transgender community

Identity is a defining part of any individual and community especially those who are part of the transgender community. One community in Kolkata in India faced major challenges in accessing COVID-19-vaccines because they did not have government issued Identity cards. Trans-people generally have no identity proof, and those who do have, have the wrong gender mentioned in them. Because an identity card (in most cases, Aadhar card) was compulsory for COVID-19 vaccine registration and verification, a majority of trans-persons faced immense difficulty in accessing vaccines.

Another major challenge was that of vaccine shortages in nearby government centers. Community members were forced to spend 2-3 days in long lines at the center, only to be told that they had run out of vaccines. This happened in the initial days of vaccination in 2021.

Despite a state government announcement directing that minorities such as transgenders should get vaccinated first, the same was not implemented at the vaccine centers.
Migrant workers get Covid vaccines after community level discussion

In a small habitation dominated by migrant daily wage workers from Sambalpur, Kalahandi and Nuapada districts of Odisha, misconceptions and myths pertaining to COVID-19 were highly prevalent. The community members, especially the men, were of the opinion that COVID-19 was just an issue created to cause panic among the people, and were thus reluctant to take the vaccine for fear of unknown side effects.

A volunteer from the Mahila Arogya Samiti (A NGO working on women) approached the migrant workers to convince them about vaccination. The volunteer knew Odia and understood why the community was hesitant about receiving the vaccine. They engaged in a community discussion and during this interaction, the mobilizer along with the village level health worker (ASHA) and the Auxiliary Mid-Wife (ANM) addressed many of their myths and misconceptions. They encouraged them to get vaccinated as soon as possible for their own and their families’ protection. Within a week of this meeting, more than 23 persons received COVID vaccination and encouraged their friends to do the same.
The case of Dalit community in Bangladesh: No identification, no Covid Vaccine

Suman Rabidas, 35, lives in Lalbagh Rabidas Colony, one of the oldest cities in Dhaka. He is from the Rabidas community and works as a daily-wage laborer in a plastic company in Dhaka city. His income is inconsistent and his livelihood unpredictable. The Ravidas is a Dalit community who suffer various forms of discrimination and exclusion, partly because of religious sanctions (Dalits belong to the Hindu community whereas Bangladesh is a Muslim dominated country) and partly due to social and economic deprivations in Bangladesh.

Suman has known poverty his whole life. He has four younger brothers, and he is the only one in their family to who has received the Covid-19 vaccine because he has proper documentation such as the national identity card (NID). The NID is mandatory for vaccine registration through Surokkha apps, a standard protocol that many people in rural areas find difficult to comply with.

To address this and encourage more people to get vaccinated, the Bangladesh government made several adjustments: non-holders of NID cards can get vaccinated already. They also lowered the age limit of COVID-19 vaccination to 18 years in August 2021.

Despite this, Suman’s brothers still have not got the vaccine. Still many are not aware nor informed of the benefits of vaccination, and need more awareness raising and proactiveness of the government to reach out to these families to get vaccinated.
Dalit family’s good experience in getting the jabs

Kamal Chandra Das, 62, belongs to the Domar community - a Dalit community – lives in Kanpuri Wari Colony, Dhaka, Bangladesh. This group of Dalits in Bangladesh are largely invisibilised, marginalised and disempowered and hardly form a part of the national disaggregated data. They comprise of a group of excluded communities who clamor for special measures, representation or participation in policy-making, development, employment and equality of access to basic services.

Kamal’s is a classic example of the intergenerational transfer of labour which often is associated with work and the descent of particular communities. He is a retired staff member of Biman Bangladesh airlines. The sweeper communities that he is part of lead an exceptionally unpredictable life, filled with many vulnerabilities. Kamal’s wife, Kamala Rani Das also works as a cleaner at Dhaka South City Corporation. His family includes his two sons, their wives, and two grandchildren. His elder son Badal Chandra Das is working as a cleaner at Biman Bangladesh Airlines and his younger son Saruj Chandra Das is working as a cleaner at Dhaka South City Corporation.

Kamal's family, however, is an exception when it comes to access to COVID-19 vaccine, in a good way. All of his family members have birth certificates and national identity cards (NID). The privilege of working with airlines allowed Kamal access to registered identity cards. Because of COVID-19 outbreaks in 2020, his family members felt panic and anxiety. They knew about the benefits of getting the vaccine, and had no doubts about the protection it offered. As soon as they could, they completed registration requirements and got vaccinated. They had a smooth experience with the whole process, and had no trouble at all. Kamal shares that his entire family is in good health. Because of their story, many of his neighbors and relatives want to follow suit and get vaccinated too.
Sonopal Thakali, a 75 year old man living in rural Chhairo, Mustang, Nepal feared for his health and life during the Covid-19 as he saw deaths around. When the government started rolling out of Covid-19 vaccines locally, he wanted to avail of the service. Unfortunately, the health facility was one hour away from his house. Because of his age and the health condition he was unable to walk the long distance. He also has no family to help him in the trip. He feels strongly about receiving the vaccine so he can live longer and healthier without fear but could not manage to get the shots.

He says, “If there were vaccine centres near my home, I could have access to the vaccines. This is how I am left out, unfortunately.”
Mothers’ endeavor to be protected against Covid-19

Sabitra Dumre, a 37 year old housewife with two children from Nagarjun Municipality, Kathmandu Valley Nepal had the scare of her life when members of their family got infected with Coronavirus twice. Because of this, they did their best to get vaccinated.

In Nepal, initially all the citizens were not on the priority list to get vaccinated. Certain sections like health workers, teacher other government officials were on priority category. Sabitra found out about this because some of her neighbours attempted to secure teacher identity card from the nearby school to get vaccinated, but it to their despair the vaccination centre soon ran out of vaccine supply.

When the vaccine supplies were restored, Sabitra still found it difficult find enough time to be in the queue to get the jab because she needed someone in home to look after her children in her absence. In total, Sabitra made at least 4 attempts to get vaccinated. She even waited for three to four hours each time at the vaccine centre, but the vaccine supply ran out each time.

She almost gave up on getting vaccinated, but eventually she was recommended by a relative to go to vaccination centres run by the International Organization for Migration (IoM) and the United Nations Development Program (UNDP) Very relieved and happy about the news, she registered for it immediately. After almost a week, she was called to the vaccination centre. She was able to get her first dose of the COVID-19 vaccine after waiting in queue for almost two hours. The same organization provided the second vaccine dose, and she was able to get her second dose of COVID-19 vaccine within a half hour. Subitra hopes that all her family members and her entire community will be able to get the same protection eventually to make them safe.
Like Sabitra, Anjali Praja, 32, is a mother of six children living in a rural area in Nepal. She and her husband work in a farm, and rely on fruit and vegetable crops for their daily subsistence. Life is hard for them as laborers, and Anjali wishes that she is able to get more information about health services available to her and her family.

Health facilities are very far from their house and it takes 4-5 hours to reach the health post in Manahari along the highway. Because of distance, her family cannot come to the health post for vaccinations and other health services.

While they prefer to visit private pharmacy in case of emergency health care, but it costs higher compared to public health facility. Because of this, Anjali’s family rarely get regular medical consultations or other health services. Out of her six children, only one is vaccinated against common diseases.

On her experience with the Covid-19 pandemic, she shares that people in their community feared visiting health facilities to get vaccinated, because they doubt that it would work against the virus, and they feared getting infected from the crowds in the centre. Many also fear possible side effects such as fever and other complications. Fortunately, they eventually realized the importance of vaccines and opted to avail of the protection it offered. Anjali and her husband are part of this group, and were grateful to get their Covid-19 vaccinations in a mobile camp organized by the local health facility near their house. It was a smooth experience for them. Still, other members of their neighbourhood refuse to believe in the benefits of getting vaccinated. Anjali stresses that extreme poverty and food insecurity are critical factor to accessing healthcare on time. She believes that local governments should have a provision for a regular mobile or outreach clinics in the remote communities to ensure vaccinations and other health services within reach of the poor and marginalized communities such as their own.
Conclusion

The dire health situation created by the Covid-19 pandemic has made it even more urgent to re-think our local and global health architecture. We are all encouraged to re-think how we respond to emergency health situations such as this, because collectively, we do not want a repeat a situation where the pandemic takes huge lives and economy shattered.

This report provides valuable contributions from voices of the communities across Asia during this precarious times in human history. It is hoped that all of their stories are reckoned with by the decision makers and acted upon at policy and implementation levels at locally, nationally and globally to make the condition better. To guarantee the right to accessible healthcare, it is necessary that we look for a multi-dimensional and cross-sectoral response which include a Universal Health Care model at the national level and a Pandemic Treaty at the global level. It is not enough to mobilise in the field of healthcare. It is highly important to ensure that needs are met in related areas such as education, employment, housing and social services among others.

Many communities are victims of misinformation and disinformation. Seeing how vulnerable families clearly want and need to be protected from illness, it is unfortunate that misleading information about the Covid-19 vaccine abounds. Communication and the proper cascade of public health information is just one of the areas that we collectively have to work on. Support for parents – especially mothers – is also urgently needed as they carry domestic and community responsibilities. The same is true for all the other accounts shared in this report: health workers, students, the elderly, members of religious minorities, laborers, migrants, members of the LGBTQ+ community, members of Communities Discriminated upon based on Work and Descent (CDWD).

This ongoing health crisis has opened a window of opportunity to re-think how we take care of our communities. We need to reflect more deeply on the causes that lead to disengagement, deep-seated resentment with current systems and how we must address them both as individuals, members of shared communities and most importantly as the governments.

As GCAP, we will continue our work on vaccine equality, in efforts to see less of the pervading narratives of oppression, neglect, and loss because of the lack of delivery of basic human rights to health and wellness. We hope that in sharing these accounts in Asia, we can expect the government representatives wake up to the urgency and respond to put in place more robust and accessible systems that tackles any future pandemic in a better way.
A woman from a remote community in Nepal gets her COVID-19 vaccine shot from a health post © UNICEF/Laxmi Prasad Ngakhusi.