Report of the Webinar held from 22-24 February 2022 on

Long-Term Social Consequences of the Covid Pandemic: Enduring Social Impacts, Challenges and Responses

The National Academy of Sciences of Sri Lanka

9 March 2022
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PART 1

1. Introduction

The Covid pandemic not only resulted in thousands of deaths, debilitations, and economic and other losses across the world, but also leaves a deep an indelible mark on human psyche, behaviour and society. There is evidence from USA that during the early stage of the pandemic, about 44% of the people felt that the pandemic has changed their lives in a significant way. Although such evidence is rare in most other countries, it is obvious that the impact of the pandemic is likely to linger on in the hearts and minds of people for decades and even centuries. The post-Covid world may not be the same again. Viewed from a holistic perspective, the pandemic had both negative as well as positive impacts, although the former may far outweigh the latter.

It was in this backdrop that the National Academy of Sciences of Sri Lanka organised this workshop with the support of the Association of Academies and Societies of Sciences in Asia (AASSA) and with financial support from the InterAcademy Partnership (IAP).

This report documents the proceedings of that workshop.

2. The Workshop

The workshop was organised to learn, discuss and deliberate COVID-19 impacts in several areas, as follows:

Science: Although scientists have worked on global impacts such as climate change, they have not faced such immediacy as presented by the COVID pandemic. Scientists did deliver, within relatively short periods of time, e.g. developing COVID vaccinations. An important area was to explore whether the experience of facing the COVID challenge would lead to deeper reflections on what scientists can do, and become introspective about their limitations, recognizing also their dependence on others.

Religion: Religion has contributed towards personal comfort and social cohesion in the face of the pandemic; but controversies have been generated regarding adopting purely spiritual measures against the pandemic, the numbers allowed to gather for worship, and the burials of COVID victims. COVID has also demonstrated the impermanence of life, and the limitations of an acquisitive society, areas that religions focus on. Post-COVID, will religions move towards changes in their roles and practices?

Culture and Human Behaviour: Conventional cultures of living together in clusters have also been challenged. Cultural traits such as hugging, kissing and even shaking hands have become scarce. Even children have become distanced from their parents who travel for employment. Intimate relations between husbands and wives are also under stress, in some cases because of losing personal space during lockdowns. In cultures where distance is traditionally kept
between individuals, the incidence of COVID is claimed to have been less. Will such changes come to stay and leave an indelible mark in human society for long periods to come?

**Politics and Governance:** In some quarters, strong measures of Covid control are seen as eroding democratic space. Some emphasize the importance of preserving the economy, while others focus on safeguarding the health system. Decisions have mostly not been made to protect the most vulnerable (and numerically largest) sectors of society. Are modern tools of decision and social sciences capable of defining such goals more quantitatively and objectively?

**Education:** Education was one of the worst affected activities. In many cases physical delivery was replaced by online modes, but generated debate about the very nature of education. Socio-economic inequalities were exacerbated by online modes, which however demonstrated great potential too. Will the nature of education change permanently after COVID?

**Economics:** Although the economy itself may recover post-COVID, will actors be forced to develop agility in the future in the face of uncertainties arising from pandemic type situations? There could also be concerns regarding self-sufficiency in the face of transport restrictions.

The Workshop was held as a virtual event from 1400 hrs to 1930 hrs (IST) daily on 22, 23 and 24 February, 2022 with the virtual hub in Colombo, Sri Lanka.

### 2.1 Participants

The workshop attracted 404 registrations from 31 countries (Fig. 1).

![Fig. 1 - Workshop Registrations](image)

The daily attendance was recorded as 137 (22 February), 95 (23 February) and 81 (24 February).
2.2 Workshop structure

The workshop was organised into the themes mentioned earlier; day 1 was devoted to economic, politics and governance, day 2 for culture and human behaviour and religion, and day 3 for science and education. The day’s proceeding began with a message from an international luminary, followed by keynote presentations and theme-based lead presentations.

A note on the webinar was circulated to the member Academies of AASSA with an invitation to submit abstracts as contributions to the webinar. This notification was also shared with other learned organisations within the network of NASSL. In response, NASSL received 128 abstracts for consideration. These abstracts were reviewed by a Panel appointed by NASSL, and 25 abstracts were provisionally accepted for further processing. Several contributors withdrew from presenting their papers due to a variety of reasons. The number of presentations is summarised in Table 1.

<table>
<thead>
<tr>
<th>Stream</th>
<th>Number of Papers</th>
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<tbody>
<tr>
<td>Economic, politics and governance</td>
<td>5</td>
</tr>
<tr>
<td>Culture, human behaviour and religion</td>
<td>7</td>
</tr>
<tr>
<td>Education</td>
<td>4</td>
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<tr>
<td>Science</td>
<td>4</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>20</strong></td>
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The agenda of the meeting is at Annex 1.

2.3 Opening

The webinar commenced with a welcome by Professor Priyan Dias, President of the National Academy of Sciences of Sri Lanka. He took the opportunity to explain the main objective of the webinar, which is to use evidence-based inquiry for examining the status and impacts of COVID-19 pandemic. Assessing impacts would be a particular challenge to scientists as they do not usually forecast by extrapolation.

In his message, Professor Ahmet Nuri Yurdusev, President ad interim, the Association of Academies and Societies of Sciences in Asia (AASSA), recalled his participation in a workshop organised by NASSL. He congratulated the NASSL for organising this timely webinar, as COVID-19 impacts need to be assessed from all scientific aspects. COVID-19 has been one of the most serious pandemics the humankind has faced; it has affected the lives of millions. The positive contribution from sciences is the development of the vaccine, which has shown positive results in containing the virus. However, international cooperation was somewhat less than desired in the distribution of the vaccine. There are socio-cultural issues relating to the inequity observed in the distribution; thus the Webinar is a timely activity to examine the issues. In conclusion, whilst congratulating the NASSL for a well-thought-out webinar, Professor Yurdusev expressed the commitment of AASSA to continue its support to NASSL.

The participants observed a minutes’ silence in memory of Professor Dato’ Dr Khairul Anuar bin Abdullah, President of the Association of Academies and Societies of Sciences in Asia (AASSA), who passed away after a brief illness on 16 January, 2022.
2.4 Technical Sessions:

The following keynote addresses were presented:

**Keynote 1 - Societal Implications of COVID-19 – The UK and Beyond** - Professor Dominic Abrams, Professor of Social Psychology; Director, Centre for the Study of Group Processes, University of Kent

**Keynote 2 - Social Protection in India during the COVID 19 Pandemic** - Professor V.K. Malhotra, Professor of Economics; Member Secretary, Indian Council of Social Science Research, New Delhi

**Keynote 3 - COVID-19: Lessons for Global Public Health** - Professor Malik Peiris, Chair of Virology, School of Public Health, University of Hong Kong

**Keynote 4 - Adaptable, Responsive and Equitable Health Systems** - Professor Dame Anne Mills, Deputy Director & Provost and Professor of Health Economics and Policy, London School of Health and Tropical Medicine, UK

**Keynote 5: Long Term Social Impacts of the Covid Pandemic on Education in South Asia** - Dr Jim Ackers, Regional Education Adviser, UNICEF Regional Office for South Asia, Nepal

In addition, the following theme-based lead papers were presented:

**Lead 1 - Covid vs. Democracy: India** - Professor Rahul Mukherji, Professor and Head, Department of Political Science and Executive Director, South Asia Institute, Heidelberg University

**Lead 2 - Strategies for Post Pandemic Economic Recovery in Sri Lanka** - Professor H.M. Gunatilake, Former Director, Environment and Safeguards Division, Asian Development Bank, Philippines

**Lead 3 - Religions and the COVID Pandemic: Exploring the Long Term Impacts** - Professor Emma Tomalin, Professor of Religion and Public Life, University of Leeds

**Lead 4 - “Silya at Ayuda” : The Chair as a Symbolic Object in the Time of COVID-19 in the Philippines** - Dr Melvin Jabar, Director, Social Development Research Centre, De La Salle University, Philippines

**Lead 5 - Science, Health and Foresight Analysis: Foresight in the time of COVID-19** - Professor Vivian Kwang-wen Lin, Executive Associate Dean & Professor of Practice, LKS Faculty of Medicine, University of Hong Kong

**Lead 6 - Long Term Social Impacts of Covid-19 on Education** - Dr. Upali Sedere, Secretary, State Ministry of Education Reforms, Sri Lanka

The keynote and lead presentations were followed by an interactive online discussion.

PART II of this Report contains abstracts of these keynotes and lead presentations.

2.5 Concluding Session

At the Concluding Session on 24 February 2022, Professor C M Madduma Bandara provided highlights of the 3-day Webinar along with an analysis of issues and the way forward. This analysis is being currently discussed to prepare a short consensus document to be circulated amongst the stakeholders. Professor Priyan Dias proposed a Vote of Thanks at the conclusion.
PART II

Keynote Speeches

Societal Implications of COVID-19 – The UK and Beyond

Professor Dominic Abrams, FBA*

*In addition to the work and research of the author, this presentation also draws on the British Academy’s COVID Decade reports, and the Academy’s statements from the representative bodies of social sciences and humanities in the G7 – SSH7 statements

In September 2020, the British Academy – the national body for the humanities and social sciences in the United Kingdom – was asked by the Government’s Chief Scientific Advisor, Sir Patrick Vallance, to conduct an independent, comprehensive and multidisciplinary review of the long-term societal impacts of COVID-19. Some of the key findings and stark conclusions will be shared in the presentation, and we will focus on the implications both for the UK and globally.

Despite the strides made in tackling the pandemic, the social, economic and cultural impacts will be wide, deep and enduring. The effects will emerge differently across places, have differential impacts for individuals, communities, regions, and nations, and will play out along different time courses. These elements of place, scale and time are not to be overlooked. The British Academy’s evidence review in the UK shed light on the range and forms of impacts that the pandemic can have, albeit in a relatively wealthy and geographically compact country with relatively few major challenges in terms of climate or disease.

The quality and volume of evidence does, however, shed light on the kinds of effects that will be happening elsewhere, with quite possibly even more serious impacts. Different countries have tackled the spread of COVID-19 in different ways, but many have relied heavily on testing, vaccinating, treatments and controls over public behaviour to drive down cases and hospitalisations. There are of course many direct and immediate impacts from lockdowns on lives and livelihoods resulting from reduced economic activity (generally and in particular for some sectors) and limits on the ability to see family and friends, travel or take part in leisure activities. While some of these immediate effects ease with the relaxation of restrictions, the set of deeper impacts on health and wellbeing, inequalities and cohesion, community engagement, education systems, skills, and employment, the economy and fiscal policy, and wider perceptions of trust and transparency, are more complex and likely to have longer term and generational effects.

Beyond short term practical and economic effects, and beyond mortality rates, we must attend to ways that the pandemic will continue to shape our futures. Given the disparate and often nationally focused variations in the distribution of vaccines and the flexing of behavioural restrictions, there are likely to be continuing reverberations, ricochets and recurrences of infection and attempts at mitigation. Consequently the societal, cultural and economic ramifications across the whole world.

A globally equitable response is key to making an effective contribution to the challenges of the pandemic in every country, such as in supporting enhanced vaccination rates, as otherwise a large viral reservoir will be maintained, where the virus can mutate. The achievement of global protection requires cooperation not only medically but also economically and politically. In particular, containing this pandemic and managing future pandemics depends not only on our
medical capacity to combat and prevent infection, but also our capacity to mobilise cooperative and mutually supportive behaviour across communities, countries and globally.

The pandemic therefore exposes vulnerabilities in our ability to cooperate effectively – vulnerabilities in education, communication, resources, political trust, community resilience, adaptability and in the functioning of our systems of governance. More encouragingly, the pandemic also exposes, untapped capacities, latent resources and opportunities for progressive change, and therefore provides a chance to develop more forward thinking and longer term approaches to building a safe and sustainable future.

History has shown us that pandemics are just as much social and economic crises as they are medical and health ones. Effects of structural and geographical inequalities in society are generally magnified, and new ones also created. In this pandemic there has been lost and likely unrecoverable access to education and pressures on revenue streams. History also reminds us that times of upheaval can be catalysts to rebuild society in new ways. For example, in this pandemic we have seen the importance of local communities in getting through the worst effects. How we support the opportunities and tackle the challenges is a pressing question, requiring coordinated effort, locally, nationally, regionally and internationally, to overcome. To respond to the impacts and respond to demands, new or otherwise, we need integrated approaches, integrated analyses, and integrated solutions.

As set out in the recent set of statements on resilience and recovery from the COVID-19 pandemic from Social Sciences and Humanities Representative Bodies of the G7, recovery will require vision and interconnectivity between policymakers at local, regional, national and international levels. Pandemics and other crises can lead to change, but we must actively seize the moment and the opportunity. The statements reinforce the conclusions that we must focus on addressing the following:

- **Community engagement**: Focusing on how context specific to place, culture, social and economic factors, shape people’s responses to COVID-19.
- **Education, skills and employment**: Focusing on responses in and beyond the pandemic for education, work and employment;
- **Trust, transparency and data gathering**: Focusing how COVID-19 has affected society’s relationships with information, data, the media and the role of experts;
- **Inequalities and Cohesion**: Focusing on how COVID-19 has affected and highlighted inequalities and relationships between communities of people, and senses of community and belonging.
- **Fiscal policy and recovery**: Focusing on how economies and societies can collectively harness their fiscal resources to respond to the challenges posed by the pandemic.

We conclude by reflecting on current political conditions in the UK and more broadly, and on what progress we may be making on some of these challenges.
Social Protection in India during the COVID 19 Pandemic

Professor Virendra Kumar Malhotra
Member Secretary, Indian Council of Social Science Research, New Delhi

Conventionally, social protection has been used in the context of welfare state and the policies to ensure a certain standard of living and thus, address the issue of poverty. Government supported welfare became visible in 19th and 20th centuries when Germany and Britain started insurance for the working class. The United States provided emergency relief during the period of Great Depression. Now, social protection envelops a much greater range of issues and objectives. It has become part of the policy of both - developed as well as developing nations to address the issues of poverty, inequality, imbalances and other sufferings in terms of illiteracy, ill-health and lack of balanced diet.

The term has gained further significance during the COVID 19 times to provide protection to the vulnerable populations in this extreme contingency. Social protection is very much a preferred instrument of the Sustainable Development Goals (SDGs).

Globally, governments have responded to the emergency needs of people by introducing various social protection measures during the Covid19 pandemic. Governments have provided the necessary support to the health sector, firms, workers and households to cope up with the negative socio-economic impacts of the pandemic. Worldwide, governments announced fiscal stimulus totalling USD16 trillion in the very first year of the pandemic.

Social protection has always been part of India's progressive policies and many flagship programmes and schemes were launched with a greater focus on improving access to food, housing, employment, education, skills development and other income enhancing policies like Mid-day Meals, Housing Programme (IAY) for rural areas, Swarna Jayanti Grameen Swarojgar Yojana (SGSY), Prime Minister Employment Generation Programme (PMEGP), Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA), Pradhan Mantri Jan Dhan Yojana, Rural Roads connectivity, Public Distribution System, Pradhan Mantri Ujjwala Yojana, Antyodaya Anna Yojana etc.

Apart from these, the Government of India announced special relief packages of social protection during the pandemic like economic stimulus package of ₹20 lakh crore, free vaccination programme, employment scheme for migrant workers - 'Garib Kalyan Rozgar Abhiyaan', creation of emergency healthcare facilities for COVID treatment and so on. Besides, the government has also provided assistance to the neighbouring countries to meet their objective of social protection. An INR 22.5 billion relief package was announced, including insurance for the frontline health workers, an increase in coverage and entitlement. The Government of India took proactive action to prevent new infections, provide treatment, economic relief, and delivery of basic services and essential commodities. During the nationwide lockdown, about 41 LMT food grains were distributed each month, covering more than nearly 740 million beneficiaries.

While estimates of the impact of Covid19 on global poverty continue to be adjusted and estimated as the crisis still continues without any perfect conjecture of its dying down, the social protection instruments have been and will be very helpful in keeping the extent of poverty, inequality and pandemic caused risks under some manageable limits in the medium and long terms. Comprehensive and universal social protection systems, when in place, play a much more lasting role in helping resilience to grow at an early stage and help in the fight against aggravated poverty, inequality and deprivations of various forms and thus, enhance capacity to deal with such shocks.
COVID-19: Lessons for Global Public Health

Professor Malik Peiris

Chair of Virology, School of Public Health, University of Hong Kong

COVID-19 has been tragedy for human and economic well-being. Although the WHO confirmed case numbers and death toll are presently around 376 million cases and 5.2 million deaths worldwide, it is estimated that real death-toll is well over 15 million. Just between April and June 2020, the International Labour Organization estimated that an equivalent of 400 million full-time jobs were lost across the world and the overall impact of the pandemic has been estimated to be in the order of US$ 82 trillion, over a five-year time frame. However, we have to accept that this will not be the last pandemic of the 21st Century nor can we assume that future pandemics may not be substantially more severe. It is therefore essential that we learn the lessons from this pandemic, so we are better prepared to respond to future events. COVID-19 emerged from viruses in wild animals (i.e. bats) crossing species to transmit in humans. A number of such events have occurred over the past 30 years including avian flu H5N1, SARS, MERS, Zika, Ebola and the 2009 H1N1 pandemic (that emerged from swine), but only COVID-19 and H1N1 became true pandemics. The factors that predispose to emergence of such novel viral infections are largely man-made, i.e. intensive livestock production and trade, trade in wild animals for food and the pet trade, human population grown and urbanization, international travel, ecological degradation and climate change.

Understanding the pathways of viral spill-over can provide options to reduce risk. For example, SARS in 2003 emerged from the wild game animal markets in Southern China. Stopping that trade will not only prevent emerging viral infections (may have in fact have prevented emergence of COVID-19) but also reduce ecological degradation and extinction of species. This requires a “One Health” and “Planetary Health” perspective where the health of the planet is assessed in terms of its equitability and sustainability, approaches that also will serve to mitigate the other major global challenges of climate change, bio-diversity loss and environmental pollution. We also need to enhance investments in developing countermeasures against future novel zoonotic and pandemic threats. This requires governmental investment, as Pharma cannot be expected to invest in research to develop counter-measures to viruses that may or may not become pandemic. CEPI (Coalition of Epidemic Preparedness Innovations) has provided a proof-of-principle of how such an initiative may contribute to developing vaccines, but also, through the COVAX initiative, shown how such vaccines can be made available globally. The pandemic has illustrated why science-based political leadership is critically important. It has also highlighted the impact of misinformation that now spreads via virtual-space even faster than the virus. We need to better understand how to counter such threats, not just for pandemic response but in order that we may be able to better respond to the other global challenges that confront us. The COVID-19 pandemic should provide us with a “teaching opportunity” of the urgent need to confront the even greater challenges we face, i.e. those from climate change, biodegradation and environmental pollution.
The term ‘health systems’ has come into common use in recent years, both as a way of describing a set of organisational arrangements critical to ensuring good health, and also as an important area of research. But many consider the term ‘health systems’ to be a confusing and vague concept. Here I briefly explain the health system and health system goals, and how the financing and organisation of health systems vary across the world. I then consider the health systems impact of Covid-19, before reviewing how countries have responded, and what the future shape of a health system might be, post Covid-19.

WHO defines a health system as ‘all organisations, institutions and resources that produce actions whose primary purpose is to improve health’ (WHO, 2000). Health systems are examples of “complex” systems, where the overall system contains numerous subsystems, each with its own characteristics, meaning that the outcome of various interacting subsystems is unpredictable (Adam & De Savigny, 2012). Conventionally included in a health system would be primary, secondary and tertiary care, rehabilitation, health promotion and prevention services, and broader public health activities such as communicable disease surveillance. Conventionally excluded would be sectors and services where health improvement is a secondary benefit, not a primary purpose, such as education and water and sanitation.

Various goals have been defined for health systems; those from WHO (2000) are good health (absolute level and distribution), fairness in financial contributions, and responsiveness to people’s expectations (in level and distribution). In recent years Universal Health Coverage (UHC), defined as meaning that all individuals and communities should receive the health services, they need without suffering financial hardship, has been adopted as the means for meeting these goals, as reflected in the UHC target in the Sustainable Development Goals.

Successive global waves of infectious disease, from SARS in 2003 to now COVID-19, have led to emphasis also on Global Health Security – the activities needed to minimise the risk and impact of acute public health events that endanger health across geographical boundaries. Given the disruption caused by epidemics and pandemics, the concept of health systems that are adaptable, or resilient, has been emphasised. Resilience can be seen as the capacity of health actors, institutions, and populations to prepare for and effectively respond to crises; maintain core functions when a crisis hits; and, informed by lessons learned during the crisis, reorganise if conditions require it (Kruk et al., 2015). In addition ‘everyday resilience’ – in the face of routine, multiple challenges – is important in the context of weak and under-financed health systems (Gilson et al., 2016).

Health systems provide the functions of financing (revenue collection, pooling and purchasing), service provision, resource generation (e.g. human resources, physical capital, pharmaceuticals) and stewardship (including regulation) (WHO 2000). While health systems can be described in terms of resource flows and relationships between organisations, individuals and households (Mills et al., 2018), it is also important to recognise that in the context of any particular country, health systems are complex social institutions, with various sets of relationships (e.g. patient-provider, patient-government, provider-government) and in some regions, such as Europe, embodying the important concept of social solidarity.
Health systems vary hugely across the world, in terms of absolute levels of funding, sources of funding, extent to which funding is pooled across individuals or spent directly out-of-pocket, and how the provision of health services is organised – via what mix of public and private providers. While health technologies are available globally, they are not equally available in countries, whether because they cannot be afforded (by governments or households), or the professional expertise is not locally available to make use of them. Given that health care is a universal need, the outcome is huge disparities in health levels, and access to care, within and between countries. In general, the poorer the country, the lower is health system funding, the higher the share of funding that is paid by households out-of-pocket, and the more fragmented and unregulated is service delivery. Vice versa, the richer the country, the higher the share of pooled and mandated funding, the larger the share of funding that is pooled and strategically allocated to meet health needs, and the more organised is service delivery.

This sets the scene for considering the impact of Covid-19 on health systems across the world. All countries have faced a similar disease threat, but their capacity to respond has been strongly influenced by their pre-existing health system strengths and weaknesses. The differences in the ability of countries to respond is shown most sharply in vaccine coverage: as at Feb 10, 2022, 11% of the population in low-income countries had received at least one dose, whereas in high and upper-middle income countries this share was 78%. But at a more general level, no country can claim to have met the aspiration of an adaptable, responsive and equitable health system when faced with the challenge of Covid-19.

In general terms, the impact of COVID-19 is summarised below, distinguishing impact on population and patients, service providers, pooling and purchasing agencies, and governments and professional bodies. Comprehensive information is still accumulating, so there is an inevitable degree of uncertainty on the precise impacts.

The impact on the population and patients is likely to include:

- Increased health needs arising from increased poverty due to reduction in economic activity
- Reduced access to care resulting from changed population distribution as a result of work-at-home requirements and unemployment
- Reluctance to seek care due to fear of exposure to Covid-19 or concerns of service availability
- Worsened health inequalities due to differential impact of Covid-19 and economic recession on different groups
- Increased needs due both to Covid-19 (long Covid; mental health) and non-Covid unmet needs.

The impact on service providers is likely to include:

- Death/illness/burnout related to Covid-19
- Balance of provision pivoted to Covid-19; reduced ability to provide other services (e.g. maternal/child health, other infectious diseases, non-communicable diseases); for example, across 20 countries health care utilisation decreased by an overall median of 37% (Moynihan et al., 2020)
- Accelerated online provision of professional services and self-monitoring
- Accelerated growth of health care as consumer product (e.g. home testing)
- Increase in sales of commercial online providers – e.g. e-pharmacy, advice
- Increased online training and education.

The impact on pooling and purchasing agencies is likely to include:

- Reduced coverage of pooling arrangements as a result of increased informalisation of employment

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• Enforced change in health care priorities
• Backlog of non-Covid-19 treatments
• Adapting to a more diverse provider market and new entrants
• New challenges in combatting disinformation on health care products, especially vaccines and treatments.

And the impact on government and professional bodies is likely to include:
• A huge cost burden of the Covid-19 response related to surveillance, testing, treatment and vaccination
• De facto an increased role of government
• Conflicts/ coordination difficulties between agencies and levels of government
• Decision-making difficulties due to lack of real time data for decision-making
• Increased tension between societal and individual needs and preferences.

Covid-19 has brought an unprecedented focus on public health - surveillance, case finding, influencing health behaviours, vaccination – and on the relationship between central government and local government responsibilities. The health systems literature, although in theory encompassing the sub-system of public health, in practice is dominated by concerns of the personal health services which consume most of the health system budget, especially secondary and tertiary hospitals, and to a lesser extent primary care services. Scant literature that is available on the delivery of public health functions indicates both how much they vary across countries (Rechel et al., 2018), and how complex is a local public health system in terms of various agencies and functions (CDC 2017).

Covid-19 has challenged health system capacity and coordination as never before, and has been superimposed on health systems already struggling to cope. But it provides the opportunity to reconceptualise health systems and strengthen research on neglected issues, especially the financing and organisation of public health functions. All countries need to reflect on how they govern, finance and provide essential public health functions in order to shape a more adaptable, responsive and equitable health system in the future.

What might health systems look like in a post-Covid-19 world, and taking into account pre-existing trends? They are likely to be more decentralised, with more initiative in the hands of communities, households and patients. The provider market is likely to be more diverse, with greater participation of private sector entities directly interacting with clients (not via a professional gateway). There will be much greater availability and use of online advice, monitoring and support to maintain healthy lifestyles and manage chronic disease. Governments and professional bodies (eg medical, nursing associations) will likely struggle to regulate and coordinate this market, the more so outside high income countries where capacity to regulate is greater. Governments will focus especially on effective early warning, surveillance and management of infectious disease via coordinated global, national and local agencies, backed by standing research capacity. Social, cultural and political preferences will continue to shape government responses.

These developments are not purely driven by Covid-19, but Covid has accentuated the speed of change.

References


Long Term Social Impacts of the Covid Pandemic on Education in South Asia

Dr Jim Ackers

Regional Education Adviser, UNICEF Regional Office for South Asia, Nepal

This paper takes a regional perspective, but also draws on growing global evidence as well as evidence from the region, not least studies carried out by UNICEF and other partners, including government and UNESCO.

The paper notes that the COVID-19 pandemic has impacted very significantly on children's education in the region causing high levels of learning loss in the short and medium terms. It cautions that this learning loss could have a long term impact and we could see a lost generation if governments and development agencies like UNICEF do not rally around the need for a systematic approach to remediation, including reviewed curricula, formative assessment and a transformation of pedagogy with teachers becoming more like facilitators of learning, which is competency based and relevant to socio-economic needs of society and the individual rather than a didactic provide of facts.

Children and adolescents who can access high quality learning materials through the internet and other devices are much better able to cope with the challenges of school closures. Poorer children are less likely to access learning opportunities than their peers from wealthier families; boys are also more likely to be able to access digital devices than girls; urban children are more advantaged than their remote rural counterparts, etc. In this regard COVID-19 has reinforced inequalities in education that led the World Bank to talk of a learning crisis even before COVID.

The author notes that the education response to COVID has opened up new ways of looking at teaching and learning; technology has been shown to be a game changer for those who are able to access it. However, many cannot access the internet, or even smart phones; and government and family resources are more stretched than ever. So measures need to be taken to ensure continuity of learning for all children, while at the same time there is now a once in a lifetime opportunity to bridge the digital divide and concomitantly the learning divide that has marked the realities of many children and adults in South Asian society. New actors such as the private sector have an incentive to connect all schools and people. They can therefore bring new resources to education and also an awareness of the skills and competences required in the marketplace. Governments must however continue to take the lead for the governance of education if it is to be equitable and if children are to be protected from the harm that the internet can bring if not well managed. Governments in South Asia must also invest much more in education. Average investments per capita and much lower than for most other regions.

The author discusses what children will be learning in future, and how they will be learning, who the learning provider may be, how learning will be organized, measured and assessed and linked to societal needs and other challenges such as environmental degradation. It is argued that the SDGs are not achievable without education, and indeed our capacity to respond effectively to ever growing challenges is predicated on education which builds a respect for evidence and science.

The author concludes that if governments do not invest more now and do not bring other key players on board in support for learning recovery many children will indeed find their learning and earning potential seriously compromised. But if government and their partners respond in urgently and systematically to the crisis much can be saved in the short term and the future will be much brighter for many children and adolescents in the region.
COVID Versus Democracy: India

Professor Rahul Mukherji

Professor and Head of the Department of Political Science at the South Asia Institute in Heidelberg University

This presentation will highlight how the absence of democratic institutions and practices lent strength to both competitive authoritarian propensities in India, as well as, engendered avoidable human costs. COVID was not the ideological basis for competitive authoritarian propensities, but it did spur them. Moreover, centralized management within the Prime Minister’s office – often at a distance from scientific management of a medical crisis, increased the human costs of COVID 19. I will argue that democratic institutions can be eroded by COVID 19. At the same time, competitive authoritarian propensities can increase the toll that COVID 19 can take.

Strategies for Post Pandemic Economic Recovery in Sri Lanka

Professor H M Gunatilake

Former Director, Environment and Safeguards Division, Asian Development Bank, Philippines

So far the Covid-19 pandemic has infected more than 395 million people and caused 5.74 million deaths. As the virus evolved with a number of new variants, and many of them are more infectious than previous ones, end of the pandemic remains elusive. Emerging evidence show that it had a devastating impact on the global economy. The global economy contracted by 3.5 percent in 2020, which is about 2.96 trillion U.S. dollars of lost output. Informal sector which employs about 1.6 billion workers experienced the highest job losses. Tourism and travel industries were the most affected sectors. Economic impacts of the pandemic may last long for developing countries and they will bear a higher share of the economic burden.

The five common strategies adapted by majority of the countries for post pandemic recovery are; (i) restoring supply chains; (ii) increasing investments; (iii) reducing cost to business and individuals; (iv) encouraging innovation; and (v) supporting workforce readiness. These common strategies are implemented through a sector focus on tourism, agro-processing, garments, micro, small, medium enterprises (MSME) and digital trade. While these common strategies are applicable to all the developing countries, different regions like Asia and Latin America have refined these strategies to suit their regions’ specific needs.

This paper examines the applicability of the above-described common strategies to Sri Lanka given that the country is currently in a deep economic crisis. The pandemic has contributed to the crisis by advancing and exposing the deep-rooted structural issues which were caused by decades of mismanagement of the economy. The country is facing a “liquidity” crisis and “solvency’ crisis simultaneously. This is a result of culmination of maintaining a current account and a budget deficit for a long time and financing the gap through external borrowing. At the heart of the crisis is a massive accumulation of external debts. Managing this crises involve not only replenishing foreign exchange reserves to maintain import flows but also the arduous task of debt servicing. Unprofessional and ad hoc crisis management decisions taken by the Central Bank, such as soft peg of the exchange rate, has been aggravating the already unmanageable situation.

Will the post pandemic recovery strategies work when a country is in a “hand to mouth” management regime in terms of allocating highly scarce foreign reserves for essential medicine, fuel, food, agricultural, industrial and service sector (for example tourism) inputs? Lack of essential
imported inputs is a major constraint in restoring supply chains. Increasing investments will be an onerous task; government is insolvent, and one cannot expect to receive the foreign direct investments which were not coming in significant amount in last 2-3 decades at this time when the economic outlook of the country is highly negative. Governments is unable to reduce taxes and utility costs. Encouraging innovations and supporting workforce readiness is also not practical in the current chaotic situation. Given these reasons the common strategies for post pandemic recovery are, by and large, not practical for Sri Lanka. The country will have to solve its long-term economic problems, rather than focusing in post pandemic recovery. Irony is that Sri Lanka cannot address its deep-rooted economic problem without some relief on balance of payment/foreign exchange and debt crisis. First it should get the help of IMF for restructuring debt, negotiate and agree on a bail-out package, get the help of WB, ADB and other bilateral donors to get long term budgetary support assistance. With the help of these agencies Sri Lanka should identify the reform needs and exercise financial discipline under the supervision of IMF and other international agencies.

For the long-term recovery, the author emphasizes the need to declare a clear economic philosophy as the first step of the reforms. While proposing the country should follow free market economic principles, the paper provides a long list of strategic actions to reform the economy and put it back to a sustainable path of inclusive economic growth. The economic principles to address the problems are quite clear and to some extent straightforward. However, the political economy of implementing these reforms is the principal impediment.

Religions and the Covid Pandemic: Exploring the Long Term Impacts

Professor Emma Tomalin

Professor of Religion and Public Life, University of Leeds

Global health policy and humanitarian response have tended to overlook the role that religions play in health and wellbeing for the majority of the poor in the Global South. International organisations such as the World Health Organisation (WHO) base their approach to health upon ‘modern’, ‘scientific’ and ‘secular’ principles. By contrast, religion is seen as the antithesis of these and not something that needs to be considered alongside evidence-based and research-led efforts to address health emergencies caused by pandemics or other humanitarian crises. There is, however, a mismatch between this view of religion at the level of global health and humanitarian systems and how religion operates within the daily lives of those experiencing the highest levels of poverty and inequality and who are most affected by health and humanitarian crises such as the COVID-19 pandemic. Within these communities, people are often highly religious, and their religious worldviews play a role in shaping understandings of such crises, including helping to provide a rationale as well as coping strategies. Over the past couple of decades, global health and humanitarian actors have begun to take religion more seriously and are more likely to seek to form partnerships with faith actors. However, such engagement is very much on the terms of the global actors, it is not a consistent feature across all activities and many still see a bias that views religion as an outdated inconvenience rather than a vital, enduring and meaningful aspect of social, economic, cultural and political life.

Nonetheless, during the COVID-19 pandemic, religion has been seen to contribute towards attitudes that lead to poor vaccine uptake as well as to situations where religious minorities have been attributed with spreading the virus. Here the intersection between existing religious tensions and a global pandemic further entrenches religious inequality and marginalisation. This
underscores the apparently negative ways that religion can influence health and wellbeing, but suggests that instead of ignoring or rejecting religion because of this it needs to be front and centre in global efforts to secure better health. This includes facilitating research to better understand these dynamics as well as seeking to form partnerships with faith actors who know their communities best, many of whom are keen to engage with global health and humanitarian actors to promote better health practices, including vaccine uptake. Moreover, many faith actors, including places of worship and faith based NGOs, play a key role in providing practical, psychological and spiritual support to those experiencing health crises.

In this presentation my aim is to focus on the long term impact of the religion/COVID-19 intersection from three different perspectives: global institutions such as the World Health Organisation; local faith actors such as places or worship and faith based NGOs; and the local communities themselves. In what ways has COVID-19 impacted on how Global institutions engage with religion and faith actors? What is likely to be the lasting impact of COVID-19 on the activities of places of worship and faith based NGOs? And finally, what are the long term implications of the religion/COVID-19 intersection for how people view their health and the decisions they make about it, as well as for social and economic inequalities?

"Silya at Ayuda": The Chair as a Symbolic Object in the Time of COVID-19 in the Philippines

Dr Melvin A Jabar
Director, Social Development Research Centre, De La Salle University, Philippines

The central theme of this paper involves an example of how a physical object (in this case, a chair—silya o upuan) can have different functions and meanings as a result of changing social and environmental conditions, not only as an adaptive response but as reification of prevailing social realities. Such realities can either be reinforced or suppressed by these very specific social and environmental conditions.

This paper is inspired by the Author's personal and hopefully astute observation of how the chair as a physical object has transformed in the time of COVID-19 relief operations. During the distribution of relief goods (or ayuda in the local language) in many provinces of the Philippines, families were asked to place a chair outside their home to avoid human contact during delivery and hence lessen the transmission of the virus. An ABS-CBN news report in May 2020 described relief goods that were placed on chairs lined up outside the houses of a village in Cavite, in order to rigorously implement physical distancing. The same practices were noted in other areas of the country, including Nueva Ecija, the National Capital Region, Bulacan, and Pampanga.

This paper is based on how the author and how other people perceive the chair as an object in relation to relief operations in the Philippines during the COVID-19 pandemic. Data for this article have been sourced from netizens’ Facebook (FB) posts relating to the chair (silya) and to its role in relief goods distribution (ayuda). Further research was carried out on news articles regarding the use of the chair in relief operations; additionally, the author discussed with those engaged in some FB chats and those who posted related online materials, for clarification and probing. Although quite minimal, the author also made reference to his personal experience in receiving relief assistance during the pandemic.

This paper discussed how the chair as a physical object represents social realities in the Philippines, even in a situation like a viral pandemic. A chair in this regard is taken as cultural material and its function develops through time. This paper is anchored on symbolic interactionism and uses it as a lens in making sense of how objects are given life by humans. As perceived in such situations,
symbolic interactionism alludes to the idea that people make meanings or attach meaning to objects, depending on how such objects are given a meaning at a specific point in time or in a particular social and spatial context. The chair has been seen as a symbolic object, a symbol of anticipation, a symbol of social solidarity, a symbol of class divide, and a symbol of social trust.

Unlike these countries, distribution of relief assistance in the Philippines in the form of both cash and goods was done manually, through house-to-house visits and face-to-face cash distribution. What is unique in the Philippine case, however, is the provision of re-packed relief goods, which were distributed in local communities. During the said distribution, the chair was used as a conduit object. Given this scenario, the author began to realize that in the COVID-19 experience, the chair as an object has been assigned another physical function and has been given another life.

Kroes (2003), based on the work of Searle on Screwdriver Philosophy, argues that it is humans that assign functions to objects. In other words, the function or utility of an object depends on what Searle calls the “assignment of function” (Kroes, 2003). However, aside from its changing physical function, the social meaning of objects also varies through time. This observation was quite evident in how the physical chair found itself having a different utility and social meaning during a pandemic.

In this regard, the chair as a material object somehow developed its “being” or “spirit,” as if it is the very entity that is actively receiving the relief goods. I see this “being” or “spirit” as an extension of the possessor’s self. For instance, one netizen referred to the chair as the one who would receive the relief goods, and not the possessor. The post read, “There you go, my seat got a blessing.” In another FB post, a netizen described that “the chair is already exhausted. There are no relief goods placed in it. A little while longer, you will have them.” One netizen also referred to the chair as “someone” who is queuing for the relief. Similarly, another post conveyed that the chair was now ready to receive the relief goods. In a poetic post, one netizen wrote, “the chair near the gate, has its own eyes, anticipating the promise that small blessings will come forth.”

In relation to the theme of the conference, this paper will reflect on the long-term impacts of COVID-19 on cultural norms and changes in meaning making not only on social relationships but also between human and the physical object, in this case the chair. This changing view of the chair represents a kind of post-pandemic COVID where social interactions will be limited and that a new normal is forged. For instance, in the Philippines, there are plans to make education hybrid instead of holding face-to-face classes as many students have purportedly adapted to the modular or online learning.

Note: This work is based on a book chapter written by the author which will be published by DLSU Publishing House.

References:

Kroes, P (2003) Screwdriver Philosophy; Searle’s analysis of technical functions; Techné 6:3 Spring 2003
Science, Health and Foresight Analysis: Foresight in the time of COVID-19

Professor Vivian Kwang-wen Lin

Executive Associate Dean and Professor of Public Health Practice, LKS Faculty of Medicine, The University of Hong Kong

The COVID-19 pandemic has tested the response capacity of governments and scientists, as well as the relationship between them. While the world has focused on the immediate management of the public health crisis, there have also been conversations about how to ‘build back better’, attempting to bring in lessons learned amidst the various waves that have traversed countries. In 2020, still in the first global wave, the Western Pacific Regional Office of the World Health Organization implemented a futures think tank process in order to consider possible pathways forward through re-imagining the multiple possible futures that could arise from the pandemic. Foresight methodologies was used to enable individuals and organizations to envision future scenarios as support for planning for greater resilience.

Four think tanks were held on different themes: equity, non-pharmaceutical interventions, non-COVID mortality, and ethics. Using a six-step methodology, scenarios were developed for an 18-month horizon (ie to late 2021). Backcasting was used to generate recommendations for WHO response and support for countries. The process required multidisciplinary input, scanning of emerging literature and agile working, all done remotely. Key dimensions considered included technology, people and society, politics and governments, and the health sector. The think tanks allowed for a more holistic pandemic response, highlight emerging issues, and helped identify strategic opportunities for WHO support to member states.

In 2022, some months following the initial planning horizon, it is interesting to revisit the scenarios envisioned. It is also useful to reflect on the contribution of foresight as well as the limitations of foresight in pandemic management. There remain longer-term impacts and issues that require consideration, as the science continues to unfold. While laboratory and medical scientists have formed rapid collaboration since the beginning of the pandemic, how social science and basic sciences can jointly support policy decision-making remains a challenge. The stronger integration of foresight in the WHO may be an important step forward to supporting countries to develop public health policies that integrate more closely with other policy spheres.

Long Term Social Impacts of Covid-19 on Education

Dr Upali Sedere

Secretary, State Ministry of Education Reforms, Sri Lanka

Sri Lanka had to close down formal schooling in March 2020 when the first Sri Lankan national tested positive for COVID-19 on 10 March 2020. The Government of Sri Lanka rapidly introduced measures to curb the spread of the disease and imposed a strict island-wide lockdown on 16 March 2020. Infected patients were treated in secure environments, testing and contact-tracing efforts were quickly escalated, and awareness raising campaigns on risk and prevention measures were implemented. During this first wave, schools remained fully closed and reopened in August 2020. With the second wave the schools were again closed in October. Schools reopened for Grade 6 and above on 23rd November other than in the Western Province. Grade 2 to Grade 5 classes opened in January 2021 and Grade 1 reopened in February 2021. In the year 2020, schools were fully-closed for 141 days and partially closed for 37days. The worst case was Bangladesh where
schools were fully closed for 198 days. India’s schools too remained 148 days fully-closed and 89 days partially-closed (UNICEF, UNESCO Feb 2021; UNICEF UNESCO August 2021). In general, 1.6 billion students or 91.3% of the total student population in 188 countries were out of school. The only consolation was that most COVID-19 infections in children and adolescents were mild or asymptomatic. Children and adolescents are at low risk of severe disease and death from COVID-19 and children are not among the main drivers of the pandemic. Yet, when the infected were shifted to quarantine centers families were in disarray. The health curfew and the lockdowns were all unexpected incidents and caused fear and trauma in children. Daily wage earner lost income and their homes were in stress with no source of income and lack of food security. Although the Government of Sri Lanka offered many free services, the social-stress was very high. This definitely had a direct impact on children. The feeling of vulnerability, insecurity, the fear of losing parents, lack of opportunity to socialize, were not conducive for learning for any child in poverty-stricken homes and families; and even for children in affluent homes. Now the third wave of COVID-19 is once again increasing the number of infections and parents are reluctant to send their children to school. The real impact of all these situations is difficult to assess. It is too early for the society to witness the actual long-term impact of COVID-19 on education. Beside all these social implications there downturn in the economy of Sri Lanka. Over 60% of the Sri Lankan economy is in the service sector. Service sector gets disturbed even with small incidents and Covid-19 was a major blow, seriously affecting the economy. Daily wage earners had no income as there were no jobs. Those who depended on tourism lost all incomes. Banks and other businesses had to find new mechanism to operate. All these have an impact on education. All in all, education was one of the worst affected social sectors during the pandemic. In many cases physical delivery was replaced by online modes, but generated debate about the very nature of education. Socio-economic inequalities were exacerbated by online modes. Although the long-term impact is yet to be seen, in the short term the lost schooling for months definitely has negative impact on the children of the lower socio-economic class as they were also the victims of the digital divide and worst affected homes due to COVID-19.
Annex 1 - Agenda

Virtual Workshop on
LONG-TERM SOCIAL CONSEQUENCES OF THE COVID PANDEMIC: ENDURING SOCIAL IMPACTS, CHALLENGES AND RESPONSES

Agenda (IST)

22 February 2022

Weblink: https://www.youtube.com/watch?v=0MVXfoxxRcl

14 00 – 14 15: Opening

Chair: Professor Priyan Dias, President, NASSL

- Address of Welcome and the Objectives of the Workshop (Professor Priyan Dias, President, National Academy of Sciences of Sri Lanka)
- Opening Remarks (Professor Ahmet Nuri Yurdusev, President, Association of Academies & Societies of Science in Asia)
- In memoriam – The late Professor Dato' Dr Khairul Anuar bin Abdullah, President of the Association of Academies and Societies of Sciences in Asia (AASSA)

14 15 – 15 45: SESSION 1 – The Covid Pandemic

Chair: Professor Kalinga Tudor Silva, Council Member NASSL

14 15 – 15 00  Keynote 1 - The Covid Decade (Prof. Dominic Abrams, Professor of Social Psychology; Director, Centre for the Study of Group Processes, University of Kent, UK)

15 00 – 15 45  Keynote 2 - Social Protection (Prof. Virendra Kumar Malhotra, Professor of Economics; Member Secretary, Indian Council of Social Science Research, New Delhi, India)

15 45 – 15 50  Break

15 50 – 16 50: SESSION 2 – Governance and Economics

Lead Presentation 1 - Covid vs. Democracy: India (Professor Rahul Mukherji, Professor and Head, Department of Political Science and Executive Director, South Asia Institute, Heidelberg University, Germany)
Lead Presentation 2 - The Pandemic and the Economic Crisis in Sri Lanka: Strategies for Short- and Long-Term Recovery (Professor H M Gunatilake, Former Director, Environment and Safeguards Division, Asian Development Bank, Philippines)

16 50 – 17 10  Break

Chair: Professor Priyan Dias, President NASSL

17 10 – 18 10: SESSION 3 –Economics (contributed papers)

- Examination of the Impact of COVID-19 on All Share Price Index: Evidence from Sri Lanka [P Elayanathan & K Kalainathan (Sri Lanka)]
- Discussion

18 10 – 19 10: SESSION 4 – Economics (contributed papers)

- A Multi-Case Study of Survival and Failure of Startups During COVID19 Pandemic [B Chitkara (India)]
- A Review on Contractual Challenges in the Construction Industry Related to a Pandemic Situation (COVID 19) [R D W W Jayathilaka & K G A S Waidyasekara (Sri Lanka)]
- Discussion
23 February 2022

Weblink: https://www.youtube.com/watch?v=eWpZHvxdLbo

Chair: Professor Priyan Dias, President, NASSL

14 00 – 14 15 Opening Remarks (Dr Palitha Abeykoon, WHO Director-General’s Special Envoy on Covid-19)

14 15 – 15 45: SESSION 5 – Health – Setting the Scene
Chair: Professor Nadira Karunaweera, President-elect, NASSL

14 15 – 15 00 Keynote 3 - Global Public Health (Professor Malik Peiris, Chair of Virology, School of Public Health, University of Hong Kong)

15 00 – 15 45 Keynote 4 - Adaptable, Responsive and Equitable Health Systems (Professor Dame Anne Mills, Deputy Director & Provost and Professor of Health Economics and Policy, London School of Health and Tropical Medicine, UK)

15 45 – 15 50 Break

15 50 – 16 50: SESSION 6 – Religion and Culture

15 50 – 16 20 Lead Presentation 3 - Religions and the COVID pandemic: exploring the long term impacts (Professor Emma Tomalin, Professor of Religion and Public Life, University of Leeds, UK)

16 20 – 16 50 Lead Presentation 4 - “Sinya at Ayuda”: The Chair as a Symbolic Object in the Time of COVID-19 in the Philippines (Dr Melvin Jabar, Director, Social Development Research Center, De La Salle University, Philippines)

16 50 – 17 10 Break

17 10 – 18 10: SESSION 7 – Culture and Human Behaviour (contributed papers)

Chair: Professor Priyan Dias, President NASSL

- Ethnic Variation in COVID-19 Mortality in Sri Lanka [K T Silva, V Ariyaratne, S Sirikanth, S A Haleem & I Hapuarachchi (Sri Lanka)]
- Demographic and Socio-Economic Impact on Online Consumer Behaviour During Covid-19 [H Jayamaha (Sri Lanka)]
• Politics 2.0: The Pandemic Redefining the Norms of Governance in India [R Deep (India)]
• Long-Term Social Consequences of COVID - 19: Canadian Experience [S Chandrasekere (Canada)]
• Discussion

18 10 – 19 10: SESSION 8 – Culture and Human Behaviour (contributed papers)

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<tr>
<th>Chair: Professor Kalinga Tudor Silva, Council Member NASSL</th>
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<tr>
<td>Identification of the Impact of Flood Disaster Risk During COVID-19 Pandemic: A case study in Kelaniya Divisional Secretariat Division [R S M Samarasekara &amp; I W G A S D Gunawardana (Sri Lanka)]</td>
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<td>Gender Perspectives of Covid 19 [S Agrawal (India)]</td>
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<td>Discussion</td>
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### 24 February 2022

Weblink: [https://www.youtube.com/watch?v=ysYKh2OS5K0](https://www.youtube.com/watch?v=ysYKh2OS5K0)

**Chair: Professor Priyan Dias, President, NASSL**

<table>
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<th>Time</th>
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<tr>
<td>14:00 – 14:15</td>
<td><strong>Opening Remarks</strong> (Ms Hanaa Singer-Hamdy, United Nations Resident Coordinator in Sri Lanka)</td>
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<td>14:15 – 15:30</td>
<td><strong>SESSION 9 – Education and Science</strong></td>
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<td><strong>Chair: Dr Ranjith Mahindapala, Immediate Past President, NASSL</strong></td>
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<td>14:15 – 15:00</td>
<td><strong>Keynote 5 - Learning Transformation for All Post-COVID</strong> (Dr Jim Ackers, Regional Education Adviser, UNICEF Regional Office for South Asia, Nepal)</td>
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<td>15:00 – 15:30</td>
<td><strong>Lead Presentation 5 - Science, Health &amp; Foresight Analysis</strong> (Professor Vivian Kwang-wen Lin, Executive Associate Dean &amp; Professor of Practice, LKS Faculty of Medicine, University of Hong Kong)</td>
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<td>15:50 – 17:40</td>
<td><strong>SESSION 10 – Education</strong></td>
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<td>15:50 – 16:20</td>
<td><strong>Lead Presentation 6 - Long Term Social Impacts of Covid-19 on Education</strong> (Dr Upali Sedere, Secretary, State Ministry of Education Reforms, Sri Lanka)</td>
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<td>16:20 – 17:40</td>
<td><strong>Education (Contributed papers)</strong></td>
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<td>• Contemporary Teaching Skills to Address the Changing Role of Teachers in Sri Lanka as a result of the long-term social impacts of Covid-19 pandemic [K M Vithanapathirana &amp; S Hummel](Sri Lanka &amp; Austria)]</td>
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<td>• Study of the Adaptive Expertise Among Lecturers in University of Peradeniya, Sri Lanka During the COVID-19 pandemic [G W U D Ganegoda &amp; J A C K Jayawardena](Sri Lanka)]</td>
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<td>• Long Term Social Impact of Covid-19 Pandemic on Teaching and Learning <a href="India">A Bhardwaj, D Sharma &amp; V Choudhary</a>]</td>
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<td>• Lifestyle changes during COVID-19 pandemic among medical and physiotherapy undergraduates in Faculty of Medicine, University of Colombo, Sri Lanka [M D S Pramodini, A W S Madusanka &amp; A H Wettasinghe](Sri Lanka)]</td>
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<td>• Discussion</td>
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17 40 – 18 40: SESSION 11 – Science and Health (contributed papers)

- Lifestyle Among General Population During COVID-19 lockdown In Nepal [M V Shrestha, S B Shrestha & S K Joshi (Nepal)]
- Overcoming the Impact of Covid-19 Pandemic on Community Based Blood Collections at a Tertiary Care [W A S Fernando & T I Withanawasam (Sri Lanka)]
- Health Care Economics Associated with Covid19 Patients in a Tertiary Care Hospital [P A Rodrigues, R Hemalatha & S Lavanya (India)]
- COVID-19 and its Long-term Impacts to the Quality of Life of Women Garment Workers: A study of the Biyagama Export Processing Zone, Sri Lanka [D Pitawala (Sri Lanka)]
- Discussion

18 40 – 19 10: SESSION 12 – Closing

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<tr>
<td>18 40 – 19 00</td>
<td>Summing up and highlights – Professor C M Madduma Bandara, Fellow, National Academy of Sciences</td>
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<tr>
<td>19 00 – 19 10</td>
<td>Concluding remarks and appreciations – Professor Priyan Dias, President, NASSL</td>
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The Association of Academies and Societies of Sciences in Asia (AASSA) was established in 2012 through the merger of the Association of Sciences in Asia (AASA) and the Federation of Asian Scientific Academies and Societies (FASAS) to promote solidarity and cooperation among the scientific and technological academies in Asia and Oceania and to play a central role in cooperative efforts for further developing the region through science and technology. AASSA currently has 33 member academies representing 30 countries. AASSA Special Committee on SHARE Communication is an initiative of AASSA to promote communication in Science, Health, Agriculture, Risk, and Environment (SHARE) in member countries through academies which came into being in 2015.

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