

COVID-19 in Pakistan: A Grim-looking Trajectory

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Abstract

The beginning of the year saw the rapid spread of the COVID-19 pandemic across the globe, and country after country succumbed to the damage it had begun to inflict. The first cases in Pakistan emerged towards the end of February, and the government took some vital early steps to isolate itself and contain the spread of the virus in the country. I

In this article, we aim to cast light on some of those measures. We also desire to draw attention to the recent downward trajectory and analyze the causes responsible for it. The chief among them being the indecision and misjudgment on the part of the government as it fumbled from one situation to the next. We finally conclude by providing some

recommendations, foremost among them being the urgent need to reimpose a lockdown as instructed by the WHO and paying more considerable attention to the voices of the medical experts in the country. A failure to do so could lead to the development of a catastrophic situation in a country which has already been reeling off late due to a faltering economy.

Key words: Coronavirus. COVID-19. Pakistan. Trajectory. Government

Introduction

In December 2019, cases began to emerge from Wuhan, China, of pneumonia of unknown origin [1]. CDC China later declared the cause to be a novel coronavirus [2]. The virus spread swiftly to more than 30 provinces within a month of the first reported case, and the Chinese government notified the WHO of an epidemic like situation in early January. It subsequently labeled the outbreak as the 6th PHEIC (Public health emergency of international concern) on January 30th, 2020. As the situation deteriorated further due to the unchecked travel of asymptomatic carriers across the globe, it was ultimately declared a Pandemic on March 11th, 2020 [3]. Globalization soon screeched to a rapid halt as countries began to shut down their borders and implement social distancing rules among their populations to isolate themselves from the psychological, social, and economic damage that the virus had swiftly begun to inflict.

The Ministry of Health, Government of Pakistan, reported its first two cases of the COVID-19 from Karachi and the capital Islamabad, on February 26th, 2020 [4]. Both had a history of recent travel from Iran. All four provinces and other territories comprising the state of Pakistan had reported their first cases by March 18th, 2020. The government of Pakistan quickly sprang into action and took many beneficial steps and implemented guidelines, which ensured that Pakistan was coping well with the pandemic, while its neighbors like Iran and China struggled amidst a rapidly developing crisis [5]. However, effective policy making was in short supply as a couple of months later, the country's situation is quite dire, and deteriorating rapidly, due to a lack of caution and indecision on many crucial matters.

As of June 14th, 2020, the number of confirmed COVID-19 cases globally had surpassed 7.4 million, with 418,000 deaths. In Pakistan, the total cases reported so far have been 139,000, with 2,632 deaths [6].

In this article, we aim to review measures implemented by the government, assess the trajectory of the disease in the country, while identifying some of the factors responsible for a recent downward trend.

Initial measures

As cases in neighboring countries of China and Iran rose sharply early on, Pakistan took quick steps and shut down all borders, including the Pakistan-China border, as well as the Iran and Afghanistan borders, on March 16th, 2020 [7].

The government of Pakistan also imposed a nationwide lockdown on April 1st, 2020. The total number of cases reported at this time were 2,039, with 26 deaths. It was extended twice and lasted until May 9th, 2020, after which the government decided to ease it out slowly.

At the same time, the federal and respective provincial governments were encouraging social distancing across all channels of communication. The government was also promoting quarantine and isolation, and had set up 35 hospitals, equipped with more than 118,000 beds, across the country to deal with the outbreak.

A National Command and Operation Centre (NCOC) was set up to advise and implement solutions and to monitor the developing situation, while a high-level National Coordination Committee was formed to take vital decisions that curb the spread of the virus throughout the country. In addition, a website was launched to track data regarding the virus and to provide accurate medical information regarding its signs and symptoms.

Financial measures were also taken as the Government of Punjab announced a Rs10 billion relief package to support 2.5 million families of daily-wage earners [8]. These were especially critical as Pakistan is a third world country where two-thirds of the population depends on a daily wage. Moreover, since the Pakistani economy has been amongst the worst performing globally for the past two years, its society was already under tremendous stress.

Others have shed much light on these and additional early measures carried out by the government [9][10][11].

Around the end of May, however, things began to take a downturn and the daily death rate started to spike, as can be seen above. There were various causes for this, and here we shall try to identify a few of them.

Social distancing measures had not been as successful as initially hoped for because the public was not enthusiastic about participating in them [12]. Pakistan being a developing country, has a low literacy rate. Theories abound among a superstitious populace as to how the pandemic is a western conspiracy hatched to control sections of the world. The government's sometimes contradictory public statements and a lack of orderly policy to educate and inform the masses, continue to ensure that inadequate attention is paid to the cautionary opinions of most medical experts. To make matters worse, the Center was often at odds with the provincial government in Sindh, and there is often no semblance of a coherent policy to combat the spread of the virus.

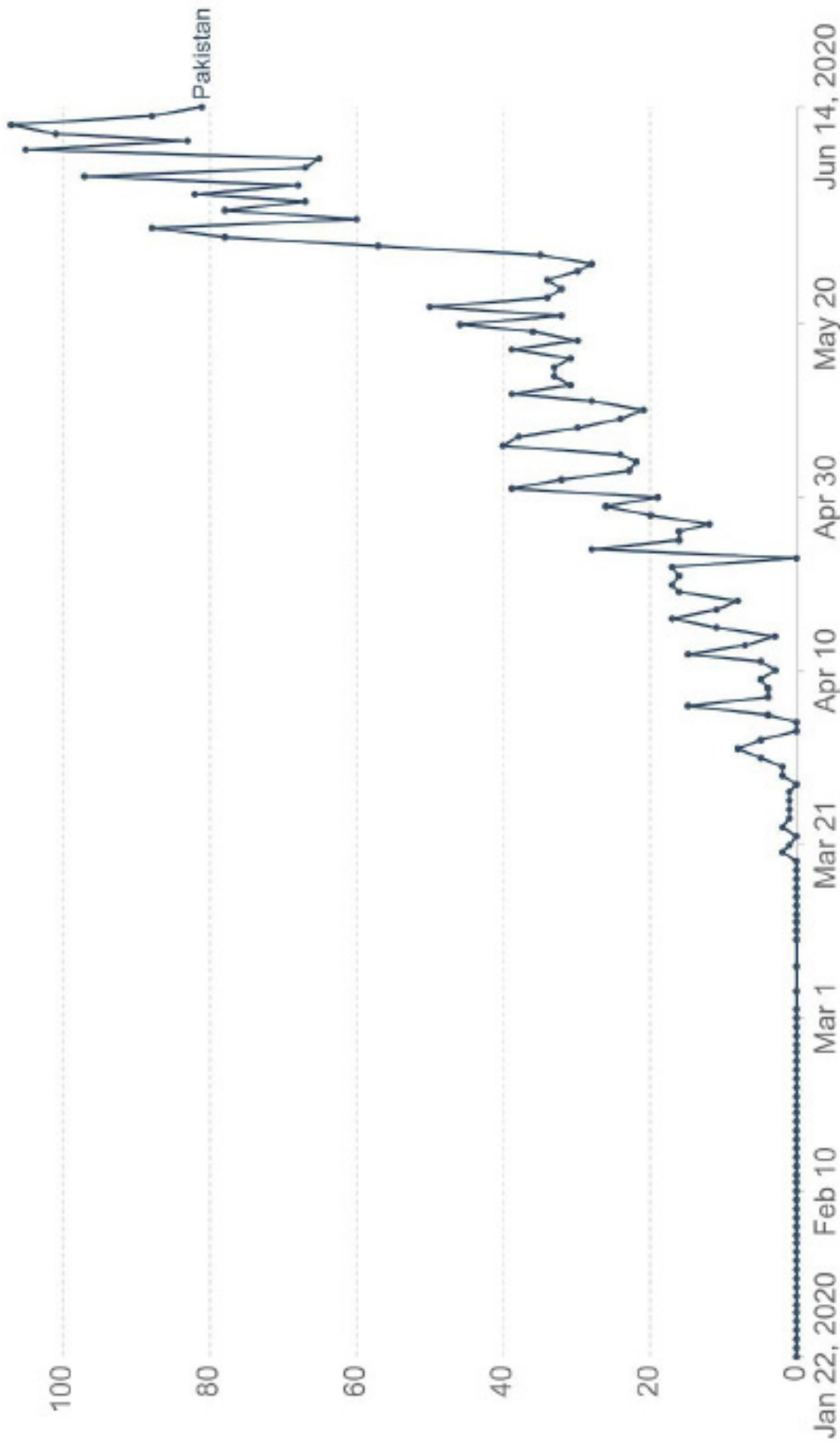
Compounding this lack of coordination was the considerable pressure exerted on the government by the religious clergy, which demanded that it be allowed to participate in congregational prayers during the nights of the holy month of Ramadan. These were aided in their quest by business owners who wanted a reopening of the economy due to the holy festival of Eid being around the corner. It is traditionally a time where commercial activity flourishes. The federal government had earlier decided to extend the lockdown until the middle of Ramadan after being advised

Trajectory headed in the wrong direction



Daily confirmed COVID-19 deaths

Limited testing and challenges in the attribution of the cause of death means that the number of confirmed deaths may not be an accurate count of the true number of deaths from COVID-19.



Source: European CDC – Situation Update Worldwide – Last updated 14th June, 11:15 (London time) OurWorldInData.org/coronavirus • CC BY

to do so by the Pakistan Medical Association and other senior doctors. However it caved in to pressure exerted by a restless population, religious leaders, and business owners, and permission was granted by a committee headed by President, Arif Alvi, for congregational prayers to be held in mosques across the country, after consultations with religious scholars[13]. It was also decided that the lockdown would be eased so that people may get their necessary shopping for Eid done.

The government has never made its stance clear on the lockdown. Mixed messages were the norm as the Prime Minister, and many senior ministers were often at complete odds with each other regarding strategy. Once the PM stated on national television that the country could not afford a lockdown because of having vast numbers of daily wage earners [14] and the Supreme court stepped in and supported the government on this issue. The lockdown did not stand much chance and had to be lifted. He has instead been advocating for a 'smart lockdown' whereby a lockdown is imposed in certain virus hotspots while measures are relaxed in other places. It has also been theorized that the easing of the lockdown allowed many thousands of workers to travel back to their villages, taking the virus with them. Once the virus has spread from the urban centers to rural areas, a lockdown will hardly be effective in containing the spread of the disease. Another problem is that the country lacks the training and resources required to test and treat people in remote and rural areas. This may also be a cause of the low death and case rate in the country. Statistics from rural areas are simply not being reported accurately.

One also got the sense that the government, like many governments around the world had a tremendously skewed sense of priorities, as in late June, it was focused on reopening the tourism industry, while the disease rate in the country was spiking [15]. It has also been recently reprimanded by the WHO regarding the easing of the lockdown, even though it was still far removed from the peak of the pandemic. The PM's advisor dismissed the WHO's concerns, declaring that it was only focused on health while they had to balance health concerns with those of the economy [16].

As can be seen from the chart opposite, the death rate in the country is rapidly escalating. This situation is equally terrible in the neighboring countries of India and Afghanistan. Moreover, since all three countries have dismissed suggestions of reimposing a lockdown, one would only expect conditions to get much worse.

Indeed such predictions have already been made by various infectious disease models [17]. If such scenarios were remotely to come true, it is easy to imagine a situation where the healthcare facilities are completely overwhelmed. Reports have already begun to emerge of hospitals in major cities turning away critically ill and potentially sick patients from their doorsteps on account of not having adequate facilities to deal with the large number of cases [18]. An already resentful population is deeply dissatisfied by the situation due to economic hardship compounded by a rising death count. This disillusionment

and resentment can easily spill over onto the streets as a bitter youth and largely unemployed masses decide to take their frustrations out against the state. There is also a possibility this anger gets directed to the medical community and healthcare services that are already stretched thin on the frontlines, as they bravely try to cope with the grave situation.

Impact on the healthcare community

The medical community in Pakistan has borne the brunt of the damage caused by the virus. According to government numbers, as of June 14th, 2020, at least 3,635 healthcare workers, including doctors, nurses, and paramedics, have tested positive for the virus. Out of these, forty have succumbed to the disease. In Pakistan, doctors have repeatedly complained about the lack of personal protection equipment (PPE) required to remain safe while dealing with infected patients. A lack of equipment has not only endangered the lives of healthcare workers but also ensured that they infect their coworkers, thereby making the entire situation even more precarious. There were also incidents where, in response to health workers getting infected, maternity wards of various hospitals were closed down since they did not want to risk the already challenged reproductive health of Pakistani women. Psychological issues faced by healthcare workers is also something that needs to be kept an eye on and continues to be highlighted in various papers all over the globe[19][20][21]. Additionally, there have been humiliating episodes that have broken the spirit of many medical professionals.

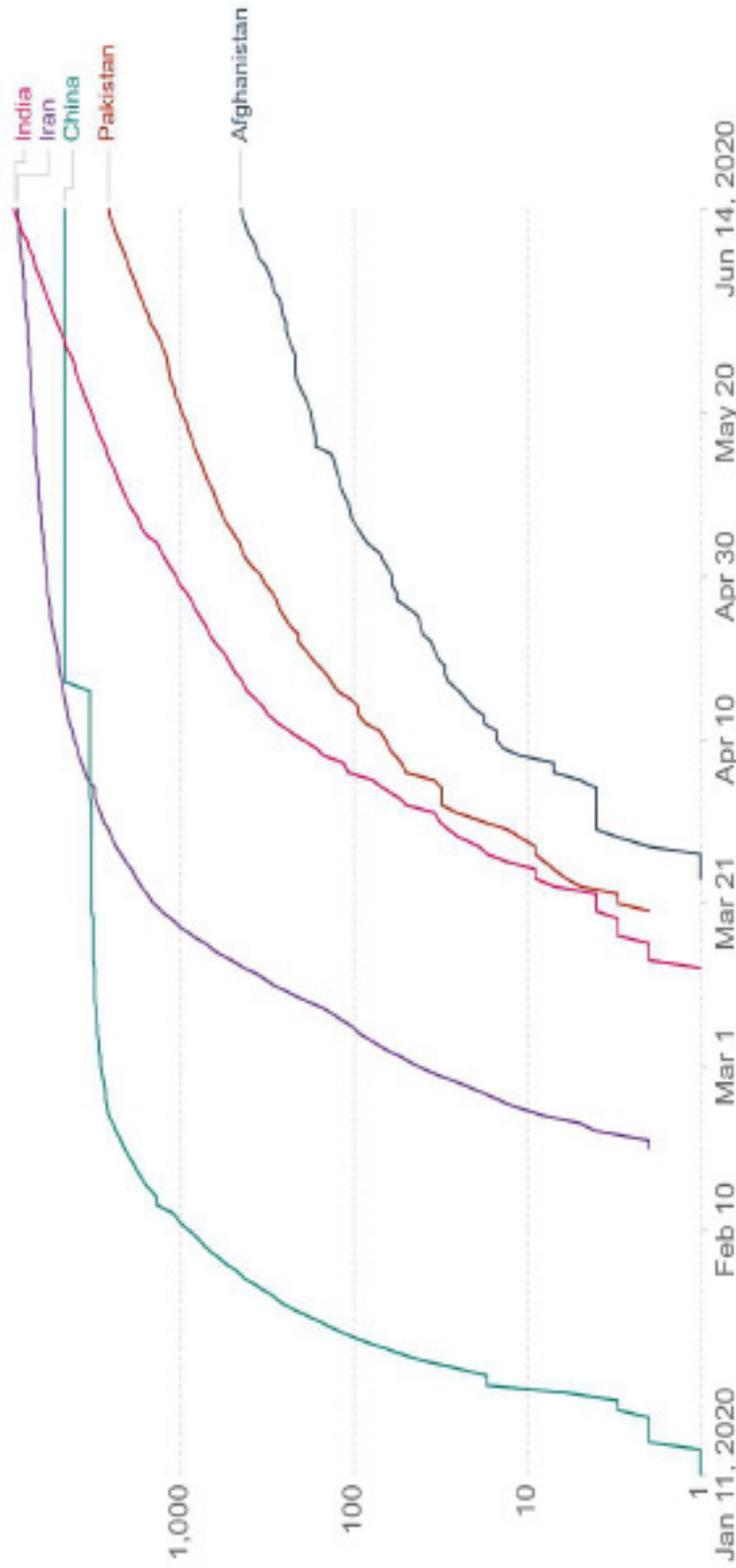
One such incident took place on April 6th, 2020, when police broke up protests in Quetta by more than 100 doctors who had very valid demands for proper PPEs.[22]. Fifty-three of these doctors were arrested, and countless others were roughed up and humiliated. Lastly, there have been countless reports of doctors and other medical experts expressing horror at how the entire episode is being handled in the country, at the abysmal conditions they are being forced to work under, and at the prospects of an already overburdened healthcare system being inundated with exponentially increasing patient load as the peak of the disease keeps drawing nearer.

While the government flounders, many institutes do realize the gravity of the situation and are putting up a brave fight against the virus[23]. Among them is the National Institute of Blood Diseases (NIBD), a private institution, where a clinical trial is being carried out under the supervision of Dr. Tahir Shamsi, aiming to assess the efficacy of convalescent plasma therapy as a cure for severely ill or critical patients with COVID-19[24]. While it has been used with some efficacy in several countries, plasma therapy is still not a proven approach and more trials are needed. Plasma therapy has historically been used in pandemics, where there has been no proven cure for the disease. Reports of its efficacy against Ebola and SARS have been published. Moreover, since no cure or vaccine has yet been discovered against the virus, plasma therapy may be of great importance in critical patients, particularly as disease rates go up and a shortfall of ventilators



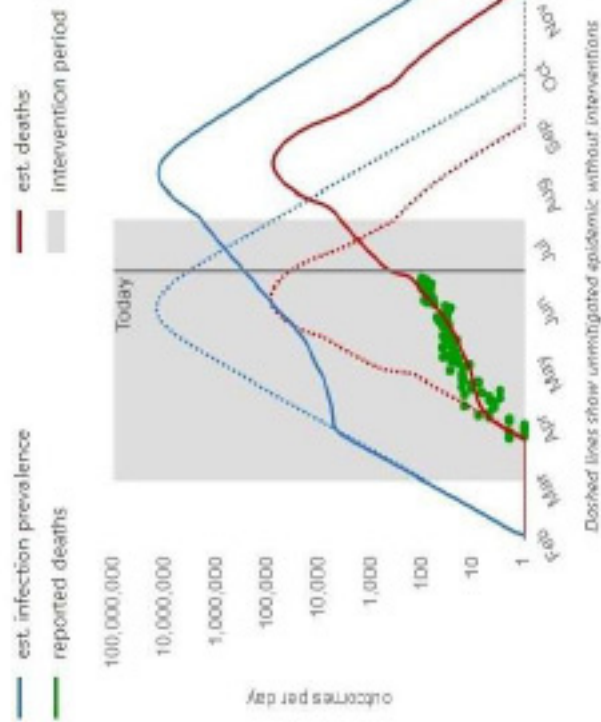
Total confirmed COVID-19 deaths

Limited testing and challenges in the attribution of the cause of death means that the number of confirmed deaths may not be an accurate count of the true number of deaths from COVID-19.



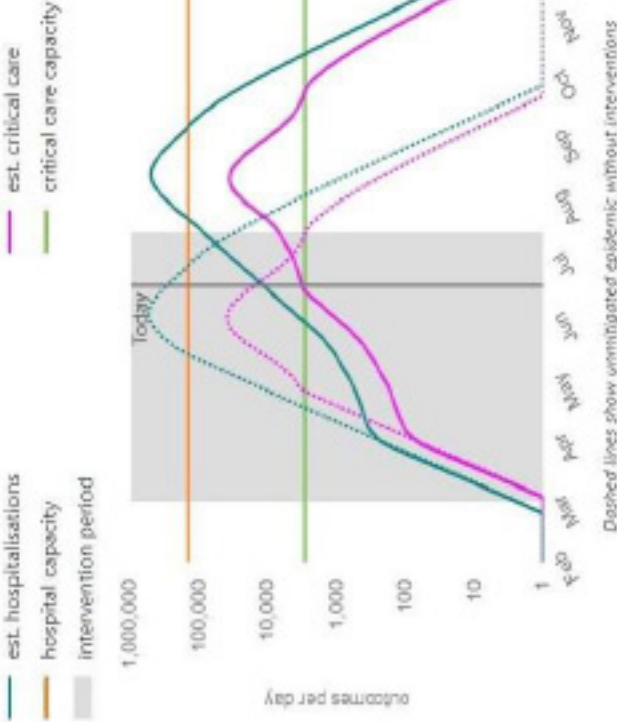
Source: European CDC - Situation Update Worldwide - Last updated 14th June, 11:15 (London time) OurWorldInData.org/coronavirus • CC BY

Epidemic Trajectory



est. infection prevalence | est. deaths | reported deaths | unmitigated | log

Healthcare Demand



est. hospitalisations | est. critical care | unmitigated | log

Data Export

	Without intervention	With intervention	Change
General care bed availability at epidemic peak	0 beds	0 beds	
Maximum number of general beds needed	545,613	504,819	-7%
Critical care bed availability at epidemic peak	0 beds	0 beds	
Maximum number of critical care beds needed	30,765	36,408	-8%
Total deaths by 2021-01-26	2,229,156	2,126,222	-5%
Date of peak in hospitalisations	2020-06-01	2020-08-10	70 days later

develops. Drives to collect plasma have now been initiated all over the country, and this is something that the government should keep an eye on as the expected peak strikes Pakistan in late July/August.

Conclusion

This study provides an overview of the developments taking place in response to the pandemic and the trajectory of the disease in the country. More effort needs to be made, particularly when it comes to educating the masses in developing nations like Pakistan. Emphasis also needs to be placed by health organizers and medical experts on governments, forcing them to adhere more strictly to medical opinion, and less to those that aim to appease the populace.

Also, it is critical that the government heed the advice of WHO and other medical experts and immediately reimpose a strict lockdown. Plans need to be drawn to cope with the influx of patients and prevent healthcare services from becoming overwhelmed when the virus peak strikes. Plasma donation drives must also be stepped up all over the country as it can provide benefit to critically ill patients. In under-resourced areas, measures like scorecards can also be implemented, as these can be quite advantageous for rapid triage since COVID-19 cases are likely to be under detected due to limited testing facilities[25]. It may also provide much-needed relief to a resource-poor healthcare system, which is already stressed out as it deals with the rising tide of cases. Finally, an eye also needs to be kept on the eventual political fallout as a restless population deals with the psychological and health-related impact of the pandemic, coupled with the loss of livelihood. It needs to be ensured that healthcare facilities continue to function throughout any such scenario that may very well develop.

The government must pay heed to Brazil, Italy, the USA, the UK, and other countries where indecision and a lack of caution caused damage to the economy, psychological trauma, and mass panic, as well as a tremendous loss of precious lives.

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