

Pakistan and the COVID-19 challenges

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Pakistan is currently in a state of health emergency with 188,926 confirmed cases of COVID 19 and more than 4500 deaths reported till early July 2020 ever since the first case was reported on 26th February from Karachi.¹ With recovery rate of around 41.2% and case fatality rate of near 2%, number of reporting patients receiving treatment in health sector is approximately 107417 which makes 56.9% of the total cases.² This situation poses significant health crisis with a high burden of disease in a country with scarce resources. Application of statistical models predicted that the number could rise further.³ Limited capacity of intensive care units in the country, lack of required number of ventilators, limited equipment, absence of isolation wards at many health care facilities, lack of consensus-based national standard operating procedures (SOPs) for COVID 19 pandemic were the initial challenges.⁵ With ever increasing experience and evolving knowledge shared by various affected countries, World health organization (WHO) and Center of disease control (CDC) kept updating the guidelines and SOPs to handle COVID-19. One local study reported that knowledge of health care professionals in Pakistan about COVID 19 was limited and initial SOPs followed were not appropriately aligned with those suggested by CDC.⁶ Another study revealed that whereas general population agreed with importance of using face masks, hand washing and avoiding close contact with sick people, they also believed and practiced various traditional and home-made remedies for prevention.⁷ Adequate knowledge of masses in a country directly affect the mitigation process and preventive strategies of that country.⁸ In Pakistan, surveys indicate adequate knowledge in urban population but response of rural population towards COVID 19 epidemic has been a real challenge. People in general did not strictly follow the SOPs given by the Government, particularly for religious congregations during month of Ramadan and Eid.⁹ COVID-19 pandemic has greatly affected the physical and mental health of health care providers worldwide.¹⁰ Fear of self-infection, large number of deaths, peer pressure, lack of personal protective equipment took its toll on mental health care providers in Pakistan.¹¹ Health care professionals and workers embraced martyrdom by contracting COVID-19 while

fighting as frontline warriors in management of sick and suspected patients. Inability to identify asymptomatic population has been the greatest challenge worldwide. Government decisions about smart lock down and travel restrictions were not followed strictly which led to emergence of high number of cases where particularly the public did not follow SOPs of social distancing and wearing masks further adding to existing challenges.¹² Another major challenge faced by the entire world has been the cessation of educational activities in schools, colleges and universities. High stake and exit examinations are postponed and the problem of skill training emerged as the major challenge worldwide. Lack of national consensus policies regarding preventive guidelines and SOPs further contributed towards increased COVID-related morbidity and mortality. Electronic and print media played role both in creating public awareness and anxiety among masses. Media initially focused mainly on creating awareness about increasing number of cases and mortality figures creating mental health issues worldwide.¹³ Access to internet and social media caused increasing confusion and great hype and fear about morbidity and mortality pattern of the disease. COVID-19 has produced disastrous effects on world economy, but the priority focus must be kept on saving human lives. Mass screening and contact tracing cannot be regarded as resource-effective strategies in any economically constrained country. Developing consensus-based national treatment guidelines. Preventive strategies and policy implementations with consultation of subject experts, public health professionals and administrative authorities remain need of the hour to effectively face the challenges posed by this pandemic. Effective health education should target both urban and rural population to increase their awareness about disease transmission and uniform preventive strategies. Resource allocation for health planning and monetary incentives including policies for post-martyrdom family support for all personnel (health care professionals, administrative and support workers) should be focused in national and provincial budgets. This is high time for the government to revisit existing health care resources and facilities and improve the number of beds and ICU capabilities in existing health

infrastructure and further expanding the health facilities countrywide according to the population. Improving the supply of equipment and essential drugs with emerging management evidence should be focused. Implementation of public health interventions should be evaluated at grass root level and enforced with the help of law enforcing agencies. Adaption to internet- and electronic media-based learning solved the challenge of compromised educational activities to some extent but the best solution for skill learning and training at all levels (schools, colleges, universities) is yet to be found. Simulation-based training soft wares cannot replace the high-stake skills training. Similarly, appropriate solutions to competency-based exit examinations are yet to be found. Clearly, multisectoral coordination and community commitment will help the government to overcome various challenges. Combined efforts of health care experts and providers, media and public cooperation remain the key in overcoming this challenging situation.

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