

CHALLENGES REVEALED TO PAKISTAN IN THE WAKE OF COVID 19

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ABSTRACT

As the world is engaged in fighting the pandemic of COVID 19, each country has a responsibility to ensure smooth provision of health care to its people. Each currently faces its own set of challenges due to different demographics and dynamics, however, a developing country like Pakistan which was already struggling to provide a consistent quality of life to its ever growing population has been further shoved down to its knees, revealing the existing challenges in the system. The World Health Organization (WHO) has set guidelines on how to tackle and come up with an effective response to COVID 19. The most important being the emphasis on social distancing. However, in a country like Pakistan, where multiple social and cultural values limit the effectiveness of social distancing coupled with a weak healthcare system, and a fragile economy makes this a massive challenge for all the stakeholders of Pakistan.

Keywords: COVID-19, Health, Pakistan.

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INTRODUCTION

Coronaviruses (CoVs) are positive-stranded RNA viruses with a nucleocapsid. This is a large family of viruses responsible for about 5 to 10% of acute respiratory infections. Epidemiological studies showed that 2% of the population are healthy carriers of CoV¹. Patients with CoV, usually present with nonspecific symptoms like fever, tiredness, dry cough, and difficulty breathing². According to the WHO, 80% of patients recover without needing intensive treatment. COVID 19 has a case fatality rate between 1% to 4%; however, due to its high secondary infection rate mainly due to its mode of transmission, there has been an exponential increase in confirmed cases worldwide. The most effective prevention method, as recommended by the WHO, is self-isolation and social distancing, along with good hygiene³.

Pakistan has a projected growth rate of 2.9%, and more than 30% population is on or below the poverty line. Bread earners of most of these families are only the male figures in the family, who are dependent on day to day wages.

Implementing a complete lockdown has affected the most vulnerable class in the society, where workers who were dependent on their daily earnings, have to choose between hunger and social isolation, the latter being largely ignored.

Health Issues

Pakistan has a 2.9% government expenditure on health as a percentage of total GDP⁴. While the United States has a 17.06% government expenditure on health as a percentage of total GDP. This massive gap in health spending between the two countries is the reason for the scarce health resources and fragile health care system in Pakistan. The WHO recommends a doctor to patient ratio of 1:1000 and a doctor to nurse ratio of 1:4. Pakistan has a doctor to patient ratio of 1:1300, nurse to patient ratio of 1:20, and a doctor to nurse ratio of 1:2.7.5. The shortfall of health care professionals, along with lack of health equipment, increases the vulnerability of Pakistan's health system. As COVID-19 spreads through respiratory droplets, healthcare providers need to be in personal protective equipment (PPE) whenever they are attending to suspected or confirmed patients of COVID-19. As of now, there are over four million confirmed cases globally. This has increased the demand for PPE's worldwide. As PPE orders are backlogged throughout

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the world, with supply chains disrupted, panic buying and hoarding resulting in shortages leaving front line workers ill-equipped in treating COVID 19 patients⁶.

Sociocultural

Pakistan, with its complex history and cultural systems, is faced with very significant problems in dealing with this pandemic. Where social and economic structures dictate joint family systems, where an average household in Pakistan is 6.8 persons in urban centers and 6.3 in rural centers, where most exceed this amount⁷. In close-knit families sharing a single house, self-isolation and quarantine will cause significant challenges. The social structure of how families live, share utensils, and operate complicates the matter further. One infected individual, therefore, may infect a lot many more even if isolated within the home. A holistic approach which factors in these complexities is challenging to develop in response to a pandemic. With dense family systems, lower incomes, and community-centered daily life activities, implementing a strict lockdown and containment of the disease poses a great threat to a developing country like Pakistan. Another issue would be how people respond to diseases and how some may lead to a discriminatory attitude towards the sufferer. As we have seen with conspiracy theories surrounding infectious diseases, i.e, the Polio Immunization program in Pakistan, to perceive diseases as a foreign agenda against the people of Pakistan⁸. That susceptibility for believing such conspiracies further makes a case for COVID-19 and the preventive measures to be taken to safeguard against it complicated. This becomes even more complex when coupled with the religious framework in Pakistan.

Religious

The Islamic Republic of Pakistan, with its complex intertwined relationship of state and religion, is posed with a difficult situation. As studies indicate so far, gatherings foster the spread of COVID-19 absolutely, which makes the backbone of most religious rituals in Pakistan.

Religious festivities, five times a day congregational prayer and the Friday prayer, have been tricky if not difficult in being shut down, disrupting the lockdowns put in place by the government. A controversial conversation was struck as Shia Zaireen returning from Iran, and the annual gathering of the Tableegh Jamaat came under fire for being the source of the local spread of COVID-19 in Pakistan⁹.

Prevention

The mainstay of management in dealing with the current pandemic is to stop the spread of COVID-19. An epidemic will increase if it has an R0 (basic reproduction number) greater than 1. As the R0 value varies between different regions, it has been reported that Pakistan has an R0 factor of 1.5 to 2.5. Globally, COVID-19 has an R0 factor above 2, and some studies estimate it is way above 4¹⁰. Preventive measures must focus on reducing R0 to less than 1. Basic preventive measures as set by the WHO are the following¹¹;

- Regularly and frequently washing hands with soap or an alcohol-based hand rub.
- Maintain a distance of at least 3 feet at all times between yourself and others
- Avoid touching the nose, mouth, and eyes.
- Avoid going to crowded places
- Whenever you sneeze, cover your mouth and nose with your bent elbow or a tissue.
- Patients with minor symptoms should self-isolate.
- Wear a mask whenever in contact with other people.
- Seek medical attention if symptoms worsen.

CONCLUSION

Like any other developing country, Pakistan is faced with issues at multiple levels, and accordingly, the response should be multifaceted strategies. Keeping in mind the diverse cultural and socioeconomic backgrounds, there cannot be one solution for all. Intervention should include strict policies and seriousness at the topmost level. Secondly, a coherent joint approach needs

to be portrayed by both the federal government and provincial governments to ensure that effective implementation of said policies is enforced. Policymaking will require experts of science and the inclusion of religious clergy at all levels. A massive reorganization of resources needs to be conducted to facilitate the health sector. In this bleak situation, Pakistan is presented with an opportunity to correct and better its weak health infrastructure.

CONFLICT OF INTEREST

This study has no conflict of interest to be declared by any author.

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