

ROUND TABLE

FIGHTING COVID-19 IN PAKISTAN – POLICY RECOMMENDATIONS

23rd March 2020



Learners' Republic (LR) organized a virtual roundtable conference on 23rd March 2020 to discuss the policy recommendations to mitigate the impact of COVID-19 in Pakistan. 27 participants residing in various countries and fields of life, such as, scientists, doctors, academics, retired civil servants, community workers, economists, journalists, sociologists and technology professionals participated in the meeting.¹ (The list of the participants is attached in Annex-I). The conference was moderated by Dr. Naveed Iftikhar.² The participants discussed and made recommendations in four main areas: Containment of Infection, Healthcare, Social Protection and Economic Recovery.

The first case of COVID-19 was detected in China on December 29th, 2019. By now, we are at least sure that this virus is a Severe Acute Respiratory Syndrome (SARS) virus. It is a positive cell stained virus, which means that once this virus touches the surface of a cell, it can easily move inside the cell and starts spreading. It is transmitted from the respiratory route. Also, there is a consensus that it can be spread through an asymptomatic carrier - a person who does not show any symptoms of COVID-19.

The objectives of the conference were:

- To review the ongoing spread of COVID-19 pandemic and identify its ramifications in Pakistan with respect to containment and lockdown strategies.
- To provide recommendations for the healthcare requirement and emergency response capabilities, social protection for vulnerable population, and economic impact & recovery.
- To give policy recommendations to the Federal and Provincial Governments in Pakistan to slow down and curtail the spread of virus and avoid economic and social damages.

¹ Learners' Republic is thankful to Farheen Ghaffar, Muhammad Hassan Tahir, Momin Iqbal Lodhi, Danish Khan, and Umair Bashir for compiling this summary of the roundtable meeting. We would also like to acknowledge the review of the report by Sana Riaz, Maha Ahmad, Shirin Gul, and Hiba Zaidi.

² Dr. Naveed Iftikhar is founder of Learners' Republic and Adjunct Faculty LUMS, PIDE.



Containment of the Infection

Participants discussed that the Prime Minister has been sharing valid concerns about the aftermaths of lockdown especially on the vulnerable segments of the society. Containment strategies differ across the world (ranging from complete lockdown/curfew to relying on herd immunity) depending on the stage of the pandemic countries are at. However, Pakistan's emergency health system is not prepared to cater to an influx of COVID-19 patients in case of adopting the strategy of herd immunity. Furthermore, herd immunity, which works on the concept of vaccination, has not worked against this virus in the UK. In the UK, there are 300 critical care beds per 100,000 people. In Pakistan, herd immunity would require 250,000 critical care beds just within the first three months, far beyond the capacity of health care resources and infrastructure.

1. It is a tough decision to enforce complete lockdown for 2-3 weeks to break the chain of transmission, but there is no other effective option. Negative impact on the economy is evident in either case. Foresight and active future planning should be in place. The government should devise strategies while thinking of the situation in first 10 days after the lockdown is implemented.
2. The advantage of having an efficient local government in place cannot be emphasized more during the current pandemic. Now that there is a tier of governance not in place for implementation of policies, authorities can use technologies, such as artificial intelligence and GIS Mapping to divide the country into smaller administrative units. Using these technologies, they can identify which union councils and / or tehsils are more vulnerable to the pandemic using factors such as travel history of its inhabitants in last two months and other possible risk factors. Authorities can relax the lockdown restrictions in units that are not vulnerable to the virus and impose a stricter lockdown to the units that are highly vulnerable to the virus. This is already been practiced in some union councils of Islamabad (Bara Kahu, Shahzad Town) and Mardan where cases have been reported.
3. Pakistan is currently lacking a clear communication strategy when it comes to risk mitigation and containment measures. All tiers of government and public officials should develop consensus on disseminating the same message and direction to citizens to avoid confusion. Mass awareness campaigns should be in place in all regional languages, especially in remote and rural areas. There should be warnings about spreading misinformation and rumors on social media.
4. Health system and social attitudes both need to catch up quickly during the lockdown. Continuous need to propagate the message of social distancing and how it is necessary and effective in slowing down number of infections and controlling number of cases overall, is imperative for successfully dealing with the situation.
5. Mosques are the central pillar and focal point of our religious social and community life and should be accorded a central role in awareness, dissemination and preservation of community solidarity and implementation of guidelines. Government needs to enable and facilitate mosques to play this role through its outreach to religious leaders and scholars and use district administrations and business leaders to innovate in this respect to the extent possible. A key point is temporarily suspending congregational daily prayers and other religious events for implementation of social distancing in line with measures taken by the Grand Mosque in Saudi Arabia and other Muslim majority countries.
6. The state will have to develop strategy and prepare the health system during the lockdown for the stage after lockdown restrictions are eased and lifted for a second wave of cases. This can be done by constant identification of active cases and tracing contacts; extensive testing is also now recommended by WHO in addition to the lockdown as a strategy to flatten the curve. This will require re-appropriation of resources, which should be carried out immediately. There is also a need to set up field hospitals with the help of military.
7. Celebrities, artists and ISPR's former officials should also be involved in spreading the awareness on COVID 19. We have a good model of communication for the dam fund where the civil and military leadership came together to give a common message. Those involved can advise to use elements of that.

8. Dr. Naveed Saddozai, former official of WHO suggested the following:
 - a) Accuracy and efficiency of the system to track cases and contacts, and isolate them for at least 14 days
 - b) Clear messaging to the people explaining their role and responsibility as an individual, their families, neighborhood and communities
 - c) Establishing logistics for efficient food safety nets. I think army would be the only organization capable of doing it.
 - d) Army to set up field hospitals and screening centers in all large cities
 - e) Discontinue all public transport other than those supplying food and emergency medical and sanitation supplies
 - f) Ensure supply of personal protective gear (PPE) for medical professions from domestic and foreign sources to protect healthcare providers from infection.
 - g) Setting up mass scale call facilities to help track cases and help provide logistics where required in collaboration with phone service providers.
3. Health Ministries to take private hospitals on board to develop a uniform strategy and protocol to deal with COVID-19 patients. Ventilators are in high demand during this pandemic. Some new open source models of ventilators are available which can allow 1 ventilator to be used for 4 patients. Similarly, low-cost models of ventilators are being developed by new startups that could be made with as low as 25,000 rupees. These can be produced at mass scale to cater the existing demand. State-owned enterprises (SOEs) under military and civilian setup, and also any other private manufacturing concern that has the capability to do so, should be engaged for manufacturing of ventilators domestically as there is high demand for ventilators globally. It is better to rely on local supply and logistics – local textile units should be advised to manufacture PPEs and other surgical equipment in-country.
4. Doctor Ayesha Zaman (MD), studying at Harvard University's global health program shared:

B Healthcare

1. Government, should on a priority basis, import testing kits, in large quantities to follow WHO's advice of extensive testing. Germany and South Korea experience can be studied for guidance. This effort should run concurrently while Pakistan develops its local capability to manufacture these kits and likewise, for ventilators. Meanwhile, China can provide technology to develop testing kits. Dr. Muhammad Mukhtar, Scientist and Virologist suggested that Pakistan should start efforts towards developing vaccines.
2. What is the best treatment for someone who is ill? What has worked in other countries should be collated, and reviewed by a small body of our top medical specialists. SOPs should be developed. Medical advice should then be disseminated in a consistent channel with no ambiguities, throughout the medical community and all hospitals – private and public. All health care professionals should be on the same page, and politicians and other public figures should avoid passing contradictory casual comments as medical advice.
5. Doctors are working in high stress environment, without breaks and at great personal risk. Immediate measures are required to provide safety equipment and other gears to doctors to protect our first line of defense. Special attention should also be paid to the mental health of doctors and healthcare staff, in addition to boosting their morale constantly. Provide them with the required equipment today. This is our first and last line of defense against this pandemic. The Government should announce a special package for doctors and other healthcare staff.

6. There is a need to train volunteers', especially medical students and social workers, to support the healthcare system to deliver services to COVID-19 patients.
7. WHO has advised testing of four drugs to treat COVID-19. Government needs to engage our pharmaceutical companies and incentivize them to increase their production so that the medicines are available in case of high demand. Moreover, there is a need to start trials of these 4 medicines to see if a particular medicine that works in China, US, or Europe also works on patients in Pakistan or not. There is a possibility that the disease could be different in Pakistan. The RNA strand in Pakistan may be different from other countries. Therefore, we need to be prepared for any variant of the virus, and hence need to start trials of each medicine, as advised by the WHO.
8. Pakistan should mobilize its foreign missions to learn and share lessons and developments at international front to avoid making mistakes that other countries have made.
9. There is a total disconnect with the private sector to play their role in ensuring that the regular outpatient-inpatient emergencies are dealt with in a smooth fashion. Presently the public hospitals have either closed down or reduced outpatients, and a lot of the routine outpatients specifically in emergencies are not being accommodated at public facilities. There is a need that government should coordinate closely with private sector hospitals to provide smooth health services to routine patients and emergencies.
10. Pakistan should aggressively engage telemedicine organizations and startups to provide health advice to people through social and mainstream media, so as to reduce non-critical traffic in existing hospitals.
11. There is a likelihood of aggravating mental health issues and instances of domestic violence. The state should communicate with the public and spread awareness about helplines available against domestic violence.
12. Mass communication experts should guide leadership about policies in circumstances like these. Work that needs to be done proactively is being done reactively. The authorities need to get ahead of the curve for more effective implementation of policies.
13. We also have to use this calamity as an opportunity to prepare our emergency responses. We have to ensure that a policy made at the federal level is very quickly moved through provincial government, division, district and tehsil administrations and are effectively implemented by a Basic Health Unit (BHU) or a private doctor at a union council.



Social Protection

1. The government needs to immediately enhance the coverage and amount being paid under the Ehsaas program. The amount under Ehsaas during this COVID-19 pandemic should be at least PKR 5,000. The government has announced it as PKR 3,000 which is not sufficient.
2. Establish a transparent fund where government, corporate entities, international partners and local charity organizations/individuals can deposit their contributions. The need of the hour is to coordinate this effort. We have seen in times of both floods & earthquakes, that individual efforts, while commendable, do not reach areas that are difficult to access. Quite often, the most accessible areas get too much attention and resources are wasted.
3. Logistical arrangement of food and other essential items should be offered by the military and provincial governments.
4. Utility bills should be used as a first level check when expanding coverage for cash transfers. Moreover, their bills should be staggered over at least a 12-month period of equal payments added to the bill starting no earlier than July 2020.
5. Voluntary organizations like Akhuwat, Eidhi, Rizq, Salman Sufi Foundation among others are already working. Their networks should be used to expand coverage. For expanding cash transfers, mobile companies should be taken on board to give those eligible immediate access to the financial disbursement mechanisms.



Economic Recovery

1. Unemployment: Large scale layoffs are imminent, which will have a catastrophic ripple down effect on the poverty level and the economy. According to a study conducted by PIDE, over 18 million of the workforce will face unemployment in case of prolonged shutdown. The Government has to step in and support companies to allow them to retain their staff in the face of an abysmal market. This could initially be in the form of a loan to such employers and tied to the EOBI contribution made by such companies. The support will have to be on a per employee basis, up to a certain median level of salary. In the UK, the support is in the form of a grant. In Pakistan, it can be in the form of an interest free long-term loan to the company.
2. The communication of a coherent policy coordinated by the federal and provincial governments to the relevant stakeholders can lead to better future economic outcomes.
3. The interest rate should be brought down by 300-400 basis points as inflation is likely to come down. State Bank of Pakistan should also promote digital banking and financial solutions in order to reach vulnerable people, for instance by lowering the deposit ratios for banks and relaxing other prudential regulations to inject liquidity in the market.
4. There is a need to spell out the details and mechanisms of the relief package of Rs1.13 trillion announced by the Prime Minister. The package must focus on local healthcare industry including equipment and gears for hospitals. Textile and garments industry can immediately be engaged to prepare masks and other protective gears. These industries can then develop new capabilities for exporting purposes once local demand is met.
5. There is a need to give tax breaks especially to industries relating to healthcare and food supplies.
6. The scale and size of programs that directly impact the citizens (such as Kamyab Jawan) should be increased.
7. Pakistan should consider renegotiating its loans with IMF and other multilateral/bilateral partners to include more favorable terms.
8. The meeting of Council of Common Interest and National Economic Council should be convened immediately to develop a coordinated response at the national level, and to redirect the focus of PSDP towards healthcare in fighting COVID-19 pandemic and its aftermath.
9. Smoothen supply of affordable agriculture inputs through local and international sources in order to support the agriculture sector.
10. Free trade agreements can be negotiated with other countries that are mutually beneficial to both countries.



Annexure 1

Name	Brief Introduction
Adeel Muhammad	PhD Student Microbiology, Civil Servant
Ali Jehangir Siddiqi	Businessman
Ariba Shahid	Journalist
Atika Rehman	Journalist
Aysha Naim	Public Health Professional
Danish Khan	Development Sector Professional
Dr Imran Khalid	Head Environment and Climate Change Unit at SDPI.
Dr Muhammad Mukhtar	Scientist (Virologist), Vice Chancellor, National Skills University
Dr Shimail Daud Arain	Doctor, Hospital CEO
Dr. Ayesha Zaman	Doctor, Global Health Master Candidate at Harvard University
Dr. Naveed Iftikhar	Founder Learners' Republic, Economic/Public Policy Professional, Adjunct Faculty LUMS, PIDE
Dr. Naveed Saddozai	Former WHO Official
Farheen Ghaffar	Development and Public Health Professional
Imran Jattala	Innovation & Entrepreneurship Expert
Kashif Ali	Civil Servant, MPA Candidate in Environmental Affairs, Indiana University, Indiana USA.
M Hassan Tahir	Academic, Public Policy
Maha Ahmad	Academic, Economist
Maha Kamal	Academic, Public Policy
Maleeha Sattar	Lecturer in Social Sciences Department, Iqra University, Islamabad
Maryam Javed	Social worker and a dental surgeon at CMH, RWP
Nimra Tariq	Development Sector Professional
Omair Bashir	Development Sector Professional
Osman Saifullah	Businessman
Prof Saleem Ali	Science and Energy Policy, Professor at University of Delaware
Sarah N Ahmad	Urbanist, MD Urban Innovation
Shirin Gul	Social Protection Professional
Zubair Faisal Abbasi	Public Policy and Evaluation Specialist