Covid-19: Studying Policy Gap in Relation to Role of Primary Health Care in Pakistan

Abstract

The novel COVID-19 pandemic is yet to unfold its impact and long-run consequences. Both developed and developing nations are trying their level best to cope and address the current situation in their respective affected regions with the help of the international guidelines and through their own experiences. The policies play an effective and efficient role in understanding different dimensions of the practices including social distancing, washing hands, wearing masks and most above all the lockdown. Such series of actions demand strong policy and learning both from global scenarios and national or provincial experiences. This study suggests how the policy gap may be identified to especially link the primary health care for the adequate response to this challenge. The study covered the editions of the latest news journals, newspapers, websites published between the months of March 2020 to April 2020 because the Pandemic paced up in these months.

Key Words: Primary Health Care, Quarantine, Health Care Resources, Economic Burden

Introduction

The novel COVID-19 is one of the most lethal pandemics that human race has faced until now. The world has a very fixed perception of how the virus came in contact with humans in the city of Wuhan, China. The rest is still making a never forgetful history of an ongoing pandemic, which the world will remember for generations to come. COVID-19 is believed to be spread by a mammal, tagging it as the stage of interaction between a human and mammal, this particular interaction has led to the death of 80,000 people so far. Scientists are in conflict of this interaction, and how the virus entered into the human body. This aspect is of noble importance as in order to stop a future pandemic to occur, the present one needs to be studied in detail. The scientists have agreed to this aspect that if this virus can affect a tiger in New York then it is highly likable that if the extent of species the virus attacks can be understood, the origin of the COVID-19 might be traced down. The scientists say that the virus may have transferred from Bats to an intercessor animal and may have entered the human body in the market of Wuhan, China. (The Guardian, 2020)

The virus’s history dates back to the 2003 spread of ‘Severe Acute Respiratory Syndrome’ (SARS) that took the world by storm and caused millions of deaths. A visual representation of the virus is a pointed structure covered with a crown or in popular term called corona. As it belongs to the family of (SARS), the International Committee on Taxonomy and Viruses named it after its ancestor, ‘Severe Acute Respiratory Syndrome Corona Virus 2’ (SARS-CoV-2) but later WHO gave the popular name “COVID-19” to the virus. Many conspiracy theories are circulating this virus as being a bio-weapon, created for the destruction of mankind by the Chinese and US military forces. However, this notion was thoroughly rejected by the bulletin of atomic scientists. Another conspiracy doing the rounds is the scientific experiment gone terribly wrong due to a leak in a laboratory, leading to the spread of this novel virus all over the world. But, this was also rejected by the scientific community. Another theory tags Corona virus as a 5G technology that has the capacity of killing mankind. These theories though given by different ideologists and scientists have not been proven yet, but to the world COVID-19 is lethal and it is spreading is mass destruction to the human race. The COVID-19 has severely disturbed the Global world order, and has toppled the world leadership. The world leaders are...
considering the national interest over the global interest. The United States having the largest defense expenditure of over $650 billion as compared to the whole world cannot match the destructive mechanism of the USA, but it is losing its battle against the COVID-19 with highest number of cases being recorded on daily basis. (Hussain, 2020)

An analysis of the first 41 COVID-19 patients confirmed that 27 patients had visited the animal market of Wuhan from where the Pandemic started, but the same analysis suggested that the first case of illness did not originate from that market, setting big question mark on its origin. Professor Stanley Perlman; a leading immunologist in the University of Iowa opines that it can be a mere coincidence but the possibility cannot be ruled out as the market had the genetic material of the virus itself. (Huang, et al., 2020)

History is full of examples of pandemics and epidemics that caused serious disruptions to the world in general. The Justinian plagues which hit in the 6th century killed around 50 million people; the Black Death which occurred in the 14th century was a result of the same pathogen, destroyed a whopping 200 million people. Smallpox killed around 300 million people even its vaccine was available to the masses in 1796, 50 million to 100 million people alone died from influenza and this toll is higher than the deaths caused in World War 1. HIV is still a pandemic, its vaccine is still under provision, has killed around 32 million people. (Walsh, 2020)

The COVID-19 Pandemic was announced on 21st March 2020 as a global pandemic, this news is of alarming importance, as this marked the travelling of this virus to various countries of the world. Within a period of less than a month, this global pandemic has taken over the world with an uncontrollable death toll. The respective Governments are required to take the necessary actions to prevent the people from this lethal pandemic, and moderate the impact of the infection to lowest possible decree until a human vaccine is created to contain the virus. The declaration made by the World Health Organization (WHO) reveals that how decisions are made on the basis of the infection notification and how decisions are shaped keeping view the narrative and numeric values. (Davis, 2020)

According to the global news reported on Saturday, the global toll has reached around 64,500 with 53000 new deaths, and 246110 patients being recovered. The United States has declared a whopping sum of 1500 deaths from the virus in less than a month. On 4th April 2020, 183190 have been tested for the virus and 41903 have been tested positive for COVID-19. The admissions in the hospitals have doubled to 50% only accommodating Corona Virus cases primarily. The UAE and Saudi Arab have extended a curfew to disinfect the places of public visits to a non-estimated period. (The News, 2020)

COVID-19 has widened the ground for public health professionals, where public health systems have turned into mathematical models to contain the virus, and garner think thanks to form policies to relieve the ones under attack. These models are best utilized to apply resources provided to the public sector, and political strategies in their best effect. For example, in the case of Covid-19 social containment and social distancing models are considering to be the torchbearers to reduce the transmission and speed of the virus to a controllable extent until a vaccine is produced. Mathematical models are of utmost importance for future prevention as well because they shape up the actions that are taken at present by an understanding of what has happened in the past. (DAVIS, 2020)

The policies undertaken by the countries of the world are in line with WHO guidelines to protect the people from the virus even if it means a recession in the country’s overall economy. In order to practice social distancing, incentives are provided to the people at home such as daily routine necessities. The health professionals are in the state of emergency, a case reported is treated at home with the health professionals coming to the doorsteps to facilitate the virus bearer. Curfews are installed in certain high virus areas. The people who lie below poverty are being provided with basic necessities and healthcare for free. The international airlines have suspended their flights till further notice and only flights containing people with transit visas are open for the people stuck in another country. Most of the countries’ incomes are spent on making space to accommodate the increasing number of COVID-19 patients. (Ahir, Bloom, & Fucerri, 2020)

Pakistan reported its first COVID-19 death on 18th March 2020 in Mardan, where a man returned from pilgrimage and hosted a gathering affecting 2000 people with the virus, and refused to get quarantined. In only a span of a month Pakistan’s state of Covid-19 has worsened and the death toll is
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rising day by day. The confirmed cases increased more due to the storm of pilgrims returning to Pakistan from Iran. (Ahmad, 2020)

Currently, Pakistan is home to 5,707 Corona Virus cases, 96 people have lost their lives from this virus, and 1097 people have recovered. This has stagnated the already deteriorating condition of Pakistan's economy with penetrating borders, poor health vicinities and illiterate population, Corona virus is death burden on the health system of Pakistan. (Worldometer, 2020).

As part of its policy to contain COVID-19, Pakistan has closed its land borders from Iran, however, even before a week, the flights from China were still functional, which fetches money and resources for the country. A country wide lockdown was announced by the Prime Minister of Pakistan till 5th April 2020 which is extended to 14th April 2010. According to the WHO guidelines usage of masks, hand sanitizers and social distancing have been asked to be practiced by the people. Curfews are being practiced in a few areas of different cities to contain the virus. Health experts are of this opinion that there is a lack of public awareness among the people and the already burdened Government cannot take the responsibility of the poor condition of the health care systems. However, the policies being implemented are in clash with the cultural norms of the society and are considered to be a bigger hurdle than the virus itself. (Chakravarthy, 2020)

Research Objectives

The purpose of this study is to analytically study and examine the policy gaps hindering Pakistan's approach to contain Covid-19.

Deriving therefrom, the following includes the specific objective

1. To assess the policy gap between the world and Pakistan’s policies to contain COVID-19 Pandemic.
2. To explore the medical interventions that can be useful to contain the Pandemic

Research Question

This study aims at providing answers to the following questions:

1. Have the policies been relevant and responsive to the societies they are implemented?
2. Did the policies practiced around the world being implemented in Pakistan?
3. How committed is Pakistan’s government in implementing the policies being practiced in the world?

Methodology

Methods

The methodology used is Explanatory. The research design opted for this study is content analysis. It is usually manifested from secondary research tools such as online journals, websites, newspaper and magazines. It is suitable for this study as this study mainly tends to examine the policy gaps between the world and Pakistan’s approach to contain COVID-19.

<table>
<thead>
<tr>
<th>S No</th>
<th>Title of Article</th>
<th>Source</th>
<th>Key findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Global Uncertainty Related to Coronavirus at Record High.</td>
<td>IMF blogs 2020</td>
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<td>Coronavirus: A wildly exaggerated threat.</td>
<td><a href="http://www.deccanherald.com">www.deccanherald.com</a>, 2020</td>
<td>COVID-19. The admissions in the hospitals have doubled to 50% only accommodating Corona Virus cases primarily</td>
</tr>
<tr>
<td>4</td>
<td>The story of COVID-19, by the numbers</td>
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<td>Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China</td>
<td>The Medical Journal of Lancet, 395 (10223), 497-506</td>
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</tr>
<tr>
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<td>Global Diplomacy Grinds to a Halt on Infection Fears.</td>
<td><a href="http://www.foreignpolicy.com">www.foreignpolicy.com</a>, 2020</td>
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</tr>
<tr>
<td>8</td>
<td>Statistical analysis of forecasting COVID-19 for upcoming month in Pakistan</td>
<td>Chaos, Solitons and Fractals 138, 2020</td>
<td>Pakistan is going towards global pandemic damage because of its present devastating state. Due to the termination of millions of employees, because of the partial and full lockdown in different areas, not only the economic sector is suffering but the social harms are reaching its peak.</td>
</tr>
<tr>
<td>9</td>
<td>What all the countries that contained coronavirus have in common.</td>
<td><a href="http://www.qz.com">www.qz.com</a></td>
<td>The COVID-19 is at its peak, as most of the countries are following the WHO guidelines of social distancing and quarantines, strong states are implementing stringent policies to contain the virus.</td>
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<tr>
<td>10</td>
<td>COVID-19, Biosecurity and the world order</td>
<td>Hilal, 2020</td>
<td>The COVID-19 has severely disturbed the Global world order, and has toppled the world leadership. The world leaders are considering the national interest over the global interest.</td>
</tr>
<tr>
<td>11</td>
<td>New OECD outlook on the global economy</td>
<td>Organisation for Economic Development. OECD, 2020</td>
<td>Amid COVID-19 crisis, OECD Secretary General and partners have prepared a G20 virtual summit, the lockdown will affect some major sectors amounting up to one third of the world’s GDP. The Secretary General of OECD inaugurated the G20 virtual summit which is built on the recent call for “Global Marshal Plan”.</td>
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</tr>
<tr>
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<td>Pak economy under dark shadow of coronavirus vs deep chronic economic crisis.</td>
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</tr>
<tr>
<td>14</td>
<td>Covid-19: The history of pandemics</td>
<td><a href="http://www.bbc.com/future,2020">www.bbc.com/future,2020</a></td>
<td>The history is full of examples of pandemics and epidemics that caused serious disruptions to the world in general</td>
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Population of the Study

The population of the study covers all the editions of the latest news journals, newspapers, websites published between the months of March 2020 to April 2020. This period has been selected because the COVID-19 Pandemic paced up in these months and is still an ongoing phenomenon.

Limitations of Methodology

The research methodology used in this study that is content analysis is restricted to content provided by online sites and newspapers. So the event that the press did not record/tok into notice cannot be taken under consideration.

Results

Policies Practiced Around the World

In the wake of COVID-19 embracing the world, it is most likely that the international democracy will be halted leaving the diplomats stranded, while the government puts a temporary ban on international
travel. The world trade organizations along with the United Nations, WHO and other international institutions that are forced to cancel their conferences and commitments assured to ensure everything possible that could be done to facilitate the people in this time of crisis. The UN General assembly and Security Council has jointly announced to decrease the number of diplomats that are brought to the conferences. The UN agencies are locating the areas where the aid is most likely to be unavailable and sorting out solutions to provide aid to the neediest places (Lynch & Gramer, 2020).

Due to the peculiar nature of this novel virus, it is highly certain to give any particular time period in which the virus may disappear. Therefore, the focus is on the short term forecasting as the only resort to predict the damages it may do in the upcoming month in the societal, economical and political sectors. (Petropoulos & Makridakis, 2020)

Amid COVID-19 crisis OECD Secretary General and partners have prepared a G20 virtual summit, the lockdown will affect some major sectors amounting up to one third of the world’s GDP. The Secretary General of OECD inaugurated the G20 virtual summit which is built on the recent call for “Global Marshal Plan”.

He urged the G20 leaders to fulfill their commitments towards the mentioned goals, which include recapitalization of health and epistemological systems, lifting trade restrictions especially on medical supplies, mobilization of macroeconomic, fiscal and monetary policies, providing support to vulnerable and low income countries, sharing best practice to support both employed and unemployed workers and providing support packages to small and medium sized firms. The OECD has committed to support the government in making policies regional and culture specific to garner more effective implementation of policies (OECD, 2020)

The COVID-19 is at its peak, as most of the countries are following the WHO guidelines of social distancing and quarantines, strong states are implementing stringent policies to contain the virus. China and Korea have emerged as examples of competent governance, vigilant states and strong actions as the core of a good political system that can save the country from disasters like pandemics. The success of China can be credited to its strong institutions, think tanks and NGOs. A bigger role to play in containing the COVID-19 was the social distancing policy. People of China obliged to this particular policy seriously and distanced themselves from public places as well as each other. Countries like China and Korea have proved as signals of right implementation and practice of policies. (Nair, 2020)

**Policy Gaps in Pakistan**

Pakistan an underdeveloped country; who is already on a verge of a breakdown has been burdened by this new Pandemic. The steps taken by the government of Pakistan are exceptional to counter the effect of COVID-19 but it is still a question mark whether the policies will be enough to surpass this Pandemic. COVID-19 death toll has already surpassed the deaths of Ebola, MERS and SARS. The government has predicted in the mid of June the cases may reach up to 58000 while mortalities can be from 5 to 10%. Pandemics and outbreaks of such kinds expose the faulty health care system of the country; this may include the late detection of the confirmed cases, lack of basic health care resources, isolation and quarantine processes, and overall mitigation of the health care system. Pakistan only dedicates 2% of its GDP to the healthcare management, which is coming head over heels in front of the country during this time of crisis. The biggest problem of the healthcare system is its elite dominance.

The disease may not differentiate between the rich and poor, but the poor are more resilient to this virus. They lack the awareness of social distancing and general hygiene cleansing. The world is in a state of lockdown due to the virus but people, due to lack of awareness and inclination to cultural norms are not following the government’s order. The biggest challenge faced by Pakistan is not the virus but to aware the people of the lethal consequences of the virus itself so they may oblige to the orders. There have been cases reported in various areas of KPK and Sindh where people have flung from the quarantines in the fear of being stigmatized as “sick”. To counter this set of ideas Mosques all around the world including Pakistan have been shut down and public gatherings are banned. Above all, there is a lack of coordination between the federal and the provincial government that issues contradictory statements. An idea of leveraging local networks was brought in view but daily wage
earners say that they would like die of hunger than from the virus (Shaikh, COVID-19: Pakistan’s preparations and response, 2020).

The government of Pakistan has announced a Rs.1.13 trillion package for the vulnerable and poor, to accommodate and facilitate them in the time of crisis, but the pivotal problem still lies in how to access the people to provide funds. The government has been experimenting with the lockdown starting from Sindh and now areas of Punjab and people are not willing to oblige by the rules which contradict their cultural norms. The government of Pakistan has experimented on media messages through phones to communicate with the people to make them aware of the current situation and prevention, but Pakistan being a developing nation has less access to facilities like mobile phones and internet etc. (Shaikh, COVID-19: Pakistan’s preparations and response, 2020)

National Institute of Health (NIH), located in the capital city; Islamabad is an independent research institute for the Ministry of health services in Pakistan. It is the only research institute that is permitted to produce vaccines and inculcate new health researches in the biomedical and public health research sector. During this pandemic situation, NIH is rightly performing its duty of collecting and publishing data of the COVID-19 on a daily basis which includes, the total number of confirmed cases in the country and province wise, death toll and recovered cases. Pakistan is going towards a global pandemic damage because of its present devastating state. Due to the termination of millions of employees, because of the partial and full lockdown in different areas, not only the economic sector is suffering but the social harms are reaching its peak. People keen to entertain their families with even basic needs are going beyond limits. In the wake of the COVID-19 crisis, Pakistan has revised it’s disaster management policy and has formulated two committees namely, National Coordination Committee for COVID-19 and National Disaster Management Authority. These committees are vigorously working to contain the virus in the areas most affected by following the guidelines formulated by WHO and NIH such as closure of educational institutions around the country, banning public gatherings, social distancing, banning transport facilities and inter border travelling. These measures are solely taken to stop the virus from spreading. But, due to the inability and lack of resources these measures are not being implemented properly, people are unaware of the severity of the situation and due to severe lack of awareness are treating it casually. This in turn is making the situation of Pakistan even worse than America and China from where the virus originated according to researches. (Yousaf, Zahir, Hussain, & Shah, 2020)

Such pandemics expose the inadequacy of the governing bodies and specifically the healthcare systems of the country that remain hidden under the carpet in daily routines. It is yet to be revealed if the interventions taken by Pakistan are appropriate to overcome this crisis and is enough to mitigate the hardships that the future unfolds.

Role of Primary Health Care

In Pakistan, COVID-19 initially came from Iran but now has started spreading into the general community. So far the number of COVID-19 confirmed cases and deaths is not phenomenal as compared to many other countries. However, experts predict a significant increase in disease and death in the coming days. The government has already taken measures such as enforcing partial lockdown in most districts and strengthening the capacity to treat the diseased (mainly at hospitals) and quarantine their contacts (so far at special quarantine centres). The Basic Health Units (BHUs) and Rural Health Centers (RHCs) lack the necessary materials, kits and equipment to fight with this lethal pandemic. All the healthcare providers including the government have exhausted their resources, and now are waiting for a mighty miracle to wipe of Covid-19.

However, unless these on-going care and prevention measures get supplemented by enabling the health care providers and managers at grass-root level; the country’s response to COVID-19 will remain inadequate and unsustainable. This enabling may have three key dimensions: a) offering care/advice to persons with COVID-19 disease and their contacts; b) making health care safer for staff and general patients attending these facilities; and c) engaging communities to make healthcare responsive to their needs and sustainable.

WHO and other technical partners have produced some useful COVID-19 relevant information...
material, but this needs adaptation to the local context before using it to enable primary health care (PHC) level response in Pakistan.

**Conclusion**

COVID-19 is a global emergency that all developed and developing countries are equally struggling to cope with. Mostly initial health care response has focused more on providing hospital-based lifesaving care to the moderately or severely ill individuals. The global experience shows that around four-fifth of the infected cases will not need hospitalization; but will need primary level care for the infected and his/her contacts. Also, the PHC staff and general patients (attending the facilities) also need protection from the possible transmission risk. Amidst the COVID-19 pandemic penetrating in, Pakistan’s already deficit healthcare system is on the verge of a major breakdown. Pakistan is a country struggling with its healthcare system ever since it attained Independence.

Keeping in view the debate generated above may conclude that primary health care is extremely important and vital in guard, shield and cope with any possible outbreak. However, it is also suggested that a standardized operating procedure and manual may be remained open and flexible to be interpreted and assimilated as per the need and situation of different regions and provinces of Pakistan.
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