

COVID-19

PAKISTAN

MESSAGE FROM EDITORIAL BOARD

The WHO has been by Pakistan's side in the fight against the COVID-19 pandemic since the start. The pandemic has wreaked havoc in over 210 countries since the time it emerged in Wuhan, China. Countries with weaker health systems are suffering more. Various methods have been employed around the globe to curtail the spread of the virus, and as a consequence reduce the burden on the health systems by minimizing the morbidity and mortality associated with the pandemic. These methods include identification, testing, isolation, and management of all COVID-19 cases; tracing and quarantining of their contacts; and applying public health and social measures at individual and community levels.

The WHO Pakistan commends the Government of Pakistan for the robust strategies implemented across all tiers to strengthen the coordination efforts, surveillance, laboratory development, contact tracing, quarantining, IPC measures, and risk communication. These measures have greatly contributed to slowing down the transmission of COVID-19.

We are grateful to the donors who have extended their support to the Government of Pakistan in this time of crisis. The WHO Pakistan reiterates its commitment for providing continued support to the Government of Pakistan at the national, provincial, and district level in the fight against the pandemic.



World Health Organization
PAKISTAN

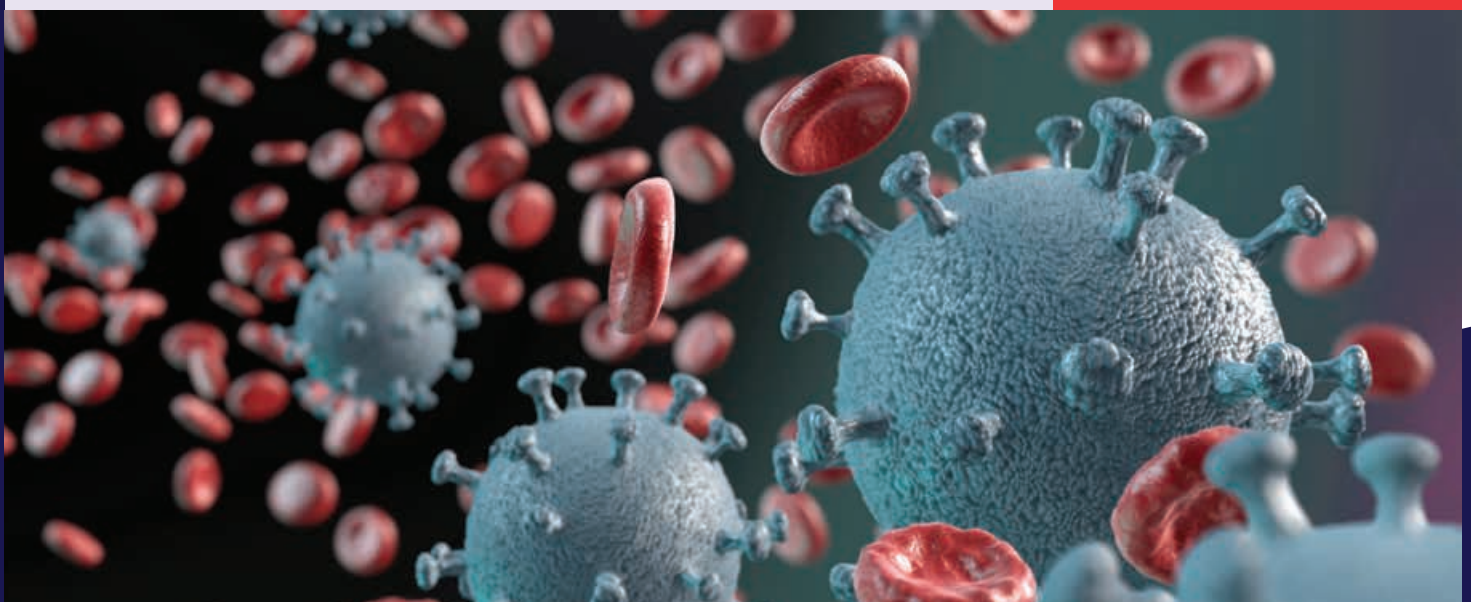
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COVID-19 CORONAVIRUS

EDITORIAL BOARD

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THE KNOWLEDGE SECTION

COVID-19 IN PAKISTAN

Introduction

The current covid-19 pandemic is caused by a family of viruses known as the Coronaviruses. The Corona viruses are large family of viruses causing illnesses ranging from the common cold to an acute respiratory tract infection. The infection could progress to become pneumonia or acute respiratory syndrome, and may even cause death. The Severe Acute Respiratory Syndrome (SARS) and the Middle East Respiratory Syndrome (MERS) outbreaks were both caused by this same family of viruses. Until the said outbreaks, this group of viruses had gone greatly unnoticed, but these outbreaks caused the viruses to be studied in greater detail, also propelling the vaccine research. Table 1 below provides a comparison of the three diseases.

	Causative Factor	Incubation Days	Symptoms
SARS	SARS CoV	2 – 7	<ul style="list-style-type: none"> ▪ Fever ▪ Cough ▪ Malaise ▪ Body aches and pains ▪ Headache, ▪ Shortness of breath ▪ Diarrhea, ▪ Chills
COVID-19	SARS CoV 2	6 – 14	<ul style="list-style-type: none"> ▪ Fever, ▪ Cough ▪ Fatigue ▪ Shortness of breath ▪ Runny or stuffy nose ▪ Headache ▪ Muscle aches and pains, ▪ Sore throat, ▪ Nausea, ▪ Diarrhea, ▪ Chills (with or without repeated shaking), ▪ Loss of taste, ▪ Loss of smell
MERS	MERS CoV	2 – 14	<ul style="list-style-type: none"> ▪ Fever ▪ Cough ▪ Dyspnea ▪ Diarrhea

Table 1: Comparison of the incubation period and symptoms for SARS, COVID-19, and MERS

Origin

On December 31 last year, China alerted the WHO to several cases of unusual pneumonia in Wuhan, a city of 11 million people. Several of those infected worked at the city's Huanan Seafood Wholesale Market, which was shut down on January 1. As health experts worked to identify the virus amid growing alarm, the number of infections exceeded 40.

On January 5, Chinese officials ruled out the possibility that this was a recurrence of the severe acute respiratory syndrome (SARS) virus - an illness that originated in China and killed more than 770 people worldwide in 2002-2003.

On January 7, officials announced they had identified a new virus, according to the WHO. The novel virus was named 2019-nCoV and was identified as belonging to the coronavirus family, which includes SARS and the common cold.

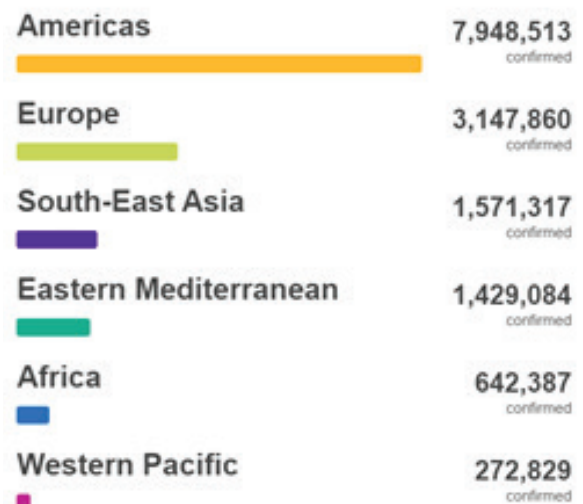
On January 11, China announced its first death from the virus, a 61-year-old man who had purchased goods from the seafood market. Treatment did not improve his symptoms after he was admitted to hospital and he died of heart failure on the evening of January 9. By January 2020, the causative agent which was wreaking havoc in China was identified as a new coronavirus (2019-nCoV or SARS CoV - 2), and the disease was later named as COVID-19 by the WHO.

Global Spread

The WHO reported on January 13 a case in Thailand, the first outside of China, in a woman who had arrived from Wuhan. The virus spread extensively in the Wuhan region of China, and has since then reached over 210 countries and territories across the globe.

The following figure demonstrates the general burden of the disease on different parts of the world today.

The global trend appears to be on the rise, with the number of cases continuously increasing. Locally, the situation varies for different countries based on local measures taken to stop transmission, and to contain the infection. Today the number of confirmed cases globally stands at 15,012,731, with 619,150 deaths.



Source: World Health Organization
 Data may be incomplete for the current day or week.

Figure 1: The global burden of disease of COVID-19

Regional (EMRO) and Local Spread

COVID-19 reached the EMRO region in January 2020, and Iran was the first country affected. Pakistan reported their first case in February 2020, with the arrival of passengers returning from abroad. Pakistan has been facing the challenge of fighting the local spread of the pandemic since then. Since the notification of the first case of COVID-19, the daily incidence of the disease continued to increase until the mid of June, following which the local number of reported cases, as well as the mortality due to COVID-19 started to decline.

01 May to 23 July 2020

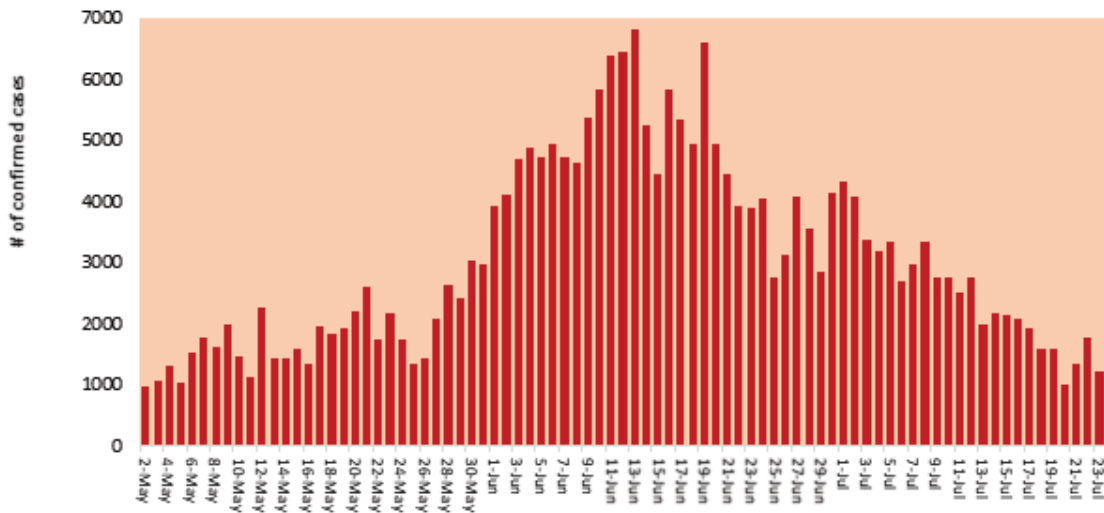


Figure 2: Trend of daily incidence of COVID-19 in Pakistan

01 May to 23 July 2020

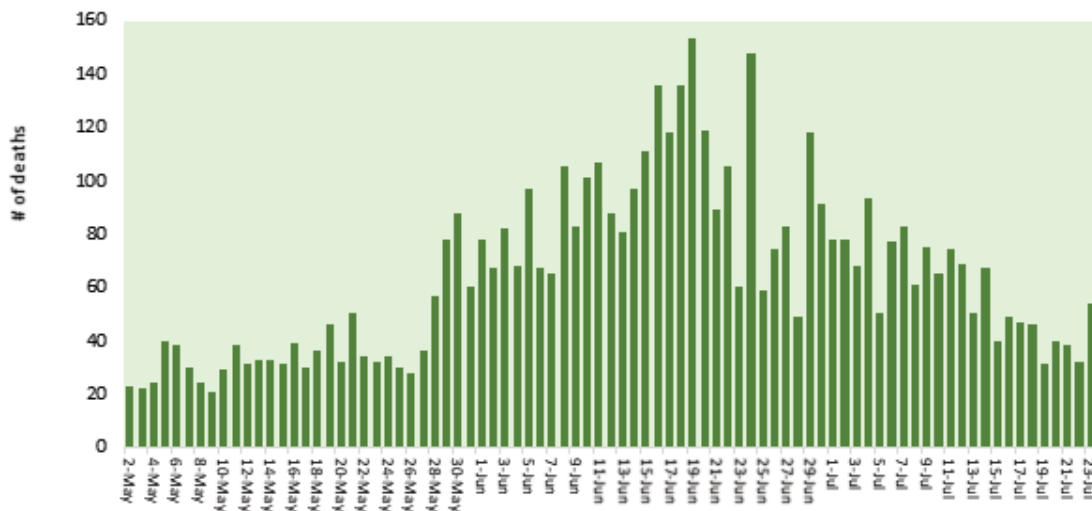


Figure 3: Reported mortality due to COVID-19 in Pakistan

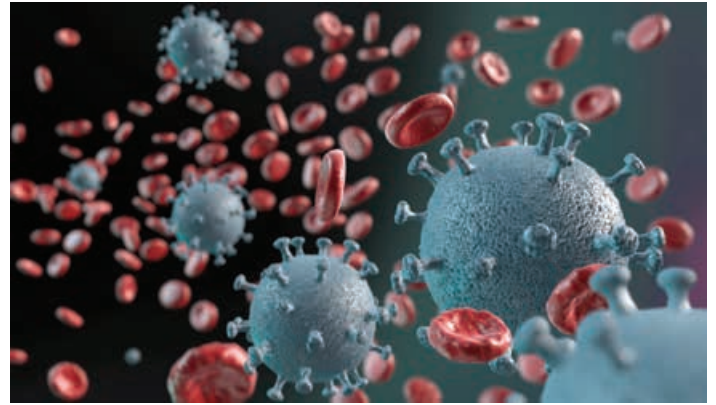
Various opinions have surfaced for explaining the observed decrease in the incidence of COVID-19 across Pakistan, but none of the stipulations have been confirmed through research. The daily reported cases in Pakistan increased from about 2000 per day to almost 6900 around the mid of June, and from 20 June onwards, the number has steadily continued to decline to around 2000 cases per day. The observed decline appears to be across the country.

Virology and Transmission of COVID - 19

The coronavirus that causes COVID-19 is a betacoronavirus in the same subgenus as the severe acute respiratory syndrome (SARS) virus (as well as several coronaviruses found in bats). The structure of the receptor-binding gene region is very similar to that of the SARS coronavirus, and the virus has been shown to use the same receptor, the angiotensin-converting enzyme 2 (ACE2), for cell entry. The Coronavirus Study Group of the International Committee on Taxonomy of Viruses has proposed that this virus be designated severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

Little is known about the transmission dynamics of COVID-19 however, at the beginning of the outbreak most cases were association with a seafood market that sold live animals, where most patients had worked or visited. As the outbreak progressed, person-to-person spread became the main mode of transmission. The transmission is thought to occur through close-range contact, mainly via respiratory droplets when a person with infection coughs, sneezes, or talks can infect another person if it makes direct contact with the mucous membranes; infection can also occur if a person touches an infected surface and then touches his or her eyes, nose, or mouth. Droplets typically do not travel more than six feet (about two meters).

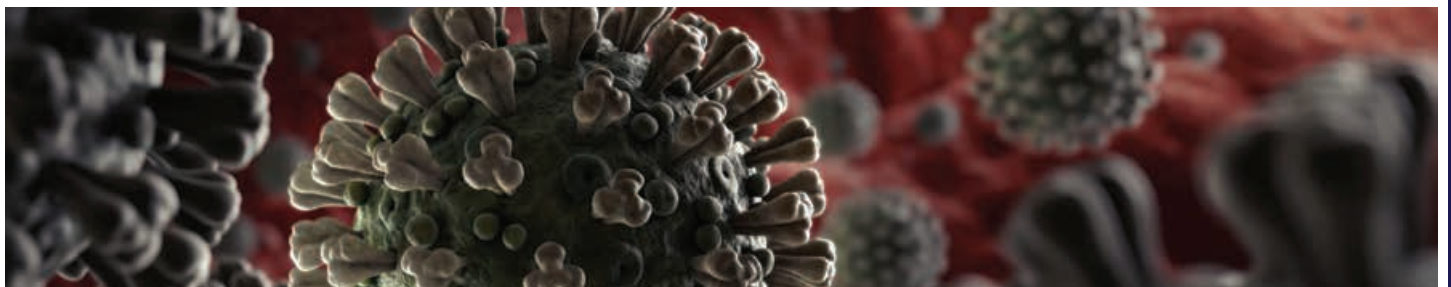
SARS-CoV-2 has been detected in non-respiratory specimens, including stool, blood, ocular secretions, and semen, but the role of these sites in transmission is uncertain. Several reports have described detection of SARS-CoV-2 RNA from stool specimens, even after viral RNA could no longer be detected from upper respiratory specimens, and live virus has been cultured from stool in rare cases. Although it would be difficult to confirm, fecal-oral transmission has not been clinically described, and according to a joint WHO-China report, did not appear to be a significant factor in the spread of infection. Detection of SARS-CoV-2 RNA in blood has also been reported in some but not all studies that have tested for it. However, the likelihood of blood borne transmission (e.g., through blood products or needle sticks) appears low; respiratory viruses are generally not transmitted through the blood borne route, and transfusion-transmitted infection has not been reported for SARS-CoV-2 or for the related Middle East respiratory syndrome coronavirus (MERS-CoV) or SARS-CoV. There is also no evidence that SARS-CoV-2 can be transmitted through contact with non-mucous membrane sites.



The precise interval during which an individual with COVID-19 is infectious is uncertain. It appears that SARS-CoV-2 can be transmitted prior to the development of symptoms and throughout the course of illness, particularly early in the course. However, most data informing this issue are from studies evaluating viral RNA detection from respiratory and other specimens; detection of viral RNA does not necessarily indicate the presence of infectious virus, and thus prolonged viral RNA detection following the resolution of illness does not necessarily indicate infectiousness. Largely indirect data suggest that infected individuals are more likely to be infectious in the earlier stages of infection. Viral RNA levels from upper respiratory specimens appear to be higher soon after symptom onset compared with later in the illness symptom onset.

The risk of transmission from an individual with SARS-CoV-2 infection varies by the type and duration of exposure, use of preventive measures, and likely individual factors (eg, the amount of virus in respiratory secretions). Most secondary infections have been described among household contacts, in congregate or health care settings when personal protective equipment was not used and long-term care facilities, and in closed settings (eg, cruise ships). However, reported clusters of cases after social or work gatherings also highlight the risk of transmission through close, non-household contact.

Clusters of cases have also been reported following family, work, or social gatherings where close, personal contact can occur. The risk of transmission with more indirect contact (eg, passing someone with infection on the street, handling items that were previously handled by someone with infection) is not well established and is likely low.



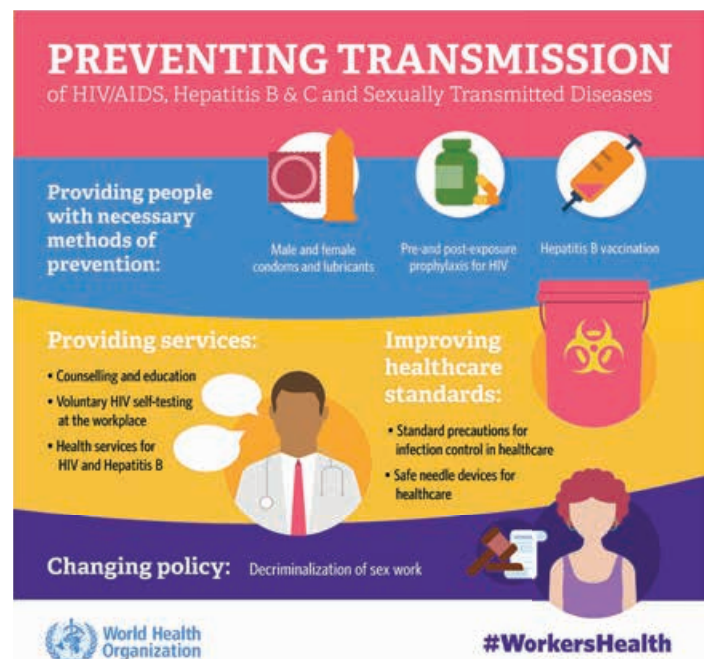
Transmission Through Animals

There is no evidence suggesting animals (including domesticated animals) are a major source of infection in humans. SARS-CoV-2 infection has been described in animals in both natural and experimental settings. There have been rare reports of animals with SARS-CoV-2 infection (including asymptomatic infections in dogs and symptomatic infections in cats) following close contact with a human with COVID-19. Moreover, asymptomatic, experimentally infected domestic cats may transmit SARS-CoV-2 to cats they are caged with. The risk of infection may vary by species. In one study evaluating infection in animals after intranasal viral inoculation, SARS-CoV-2 replicated efficiently in ferrets and cats; viral replication was also detected in dogs, but they appeared to be less susceptible overall to experimental infection. Pigs and poultry were not susceptible to infection.

Transmission Through Contaminated Surfaces

Virus present on contaminated surfaces may be another source of infection if susceptible individuals touch these surfaces and then transfer infectious virus to mucous membranes in the mouth, eyes, or nose. The frequency and relative importance of this type of transmission remain unclear. It may be more likely to be a potential source of infection in settings where there is heavy viral contamination (eg, in an infected individual's household or in health care settings).

In a study evaluating the survival of viruses dried on a plastic surface at room temperature, a specimen containing SARS-CoV (a virus closely related to SARS-CoV-2) had detectable infectivity at six but not nine days. However, in a systematic review of similar studies, various disinfectants (including ethanol at concentrations between 62 and 71%) inactivated a number of coronaviruses related to SARS-CoV-2 within one minute. Simulated sunlight has also been shown to inactivate SARS-CoV-2 over the course of 15 to 20 minutes in experimental conditions, with higher levels of ultraviolet-B (UVB) light associated with more rapid inactivation. Based on data concerning other coronaviruses, duration of viral persistence on surfaces also likely depends on the ambient temperature, relative humidity, and the size of the initial inoculum.



IMMUNITY AGAINST COVID-19

Antibodies to the virus are induced in those who have become infected. Preliminary evidence suggests that some of these antibodies are protective, but this remains to be definitively established. Moreover, it is unknown whether all infected patients mount a protective immune response and how long any protective effect will last.

Some studies have reported positive RT-PCR tests for SARS-CoV-2 in patients with laboratory-confirmed COVID-19 following clinical improvement and negative results on two consecutive tests. However, these positive tests occurred shortly after the negative tests, were not associated with worsening symptoms, may not represent infectious virus, and likely did not reflect reinfection. Specifically, in a report from the Korea Centers for Disease Control and Prevention of patients with COVID-19 who had a repeat positive RNA test after being previously cleared from isolation, infectious virus could not be isolated in cell culture in any of the 108 patients tested. Among 790 contacts, there were no newly confirmed cases that were traced to exposure during the period of the repeat positive test.

Conclusion

There is no conclusive evidence regarding immunity against COVID for recovered patients. The possibility of a reinfection cannot be disregarded.

RESEARCH AND DEVELOPMENT IN COVID-19 MANAGEMENT

Numerous vaccine candidates are being evaluated for prevention of COVID-19, including nucleic acid-based (mRNA and DNA) vaccines, viral-vector vaccines, and inactivated or recombinant protein vaccines. The different vaccine platforms vary in their potential safety and immunogenicity, speed and cost of manufacturing, and other features important for meeting global demand.

There is also interest in Bacille-Calmette-Guerin (BCG) immunization for prevention of COVID-19, and clinical trials are underway to evaluate its use among health care workers. Studies have suggested that, although its primary purpose is prevention of tuberculosis, BCG immunization induces a nonspecific immune response that may have protective effects against non-mycobacterial, including viral, infections. Any impact of BCG immunization on COVID-19 is unknown. The WHO recommends BCG vaccination not be used for prevention or lessening the severity of COVID-19, pending further data.

Conclusion

No specific treatment is available and clinical trials are ongoing for vaccine and medicine development.

CASE MANAGEMENT

Some patients develop mild to moderate symptoms upon contracting COVID-19. In case there is no isolation facility with space to accommodate the patient, or there are some other hindrances in the transfer of the patient to an isolation facility immediately, patients with mild symptoms and without underlying chronic conditions (such as lung or heart disease, renal failure, or immunocompromising conditions that place the patient at increased risk of developing complications) may be cared for at home. The WHO has developed guidelines for the management of COVID-19 patients at home.

The document guides to accommodate the patient in a well ventilated room, limit their movement around the house as well as their interaction with other members of the household. None of the household members should stay in the same room as the patient, and the number of caregivers should be reduced to a minimum. The use of masks, gloves, and practicing hand hygiene are essential for the caregivers when handling the patient. The detailed guidelines are available on the WHO website. Home Care for Patients of COVID-19.

It is advised that if the symptoms worsen, or if the patient develops difficulty in breathing they must immediately receive professional medical care. There are no treatment options available for the virus as such, limited to the use of anti-HIV drugs and/or other antivirals such as Remdesivir and Galidesivir. The use of corticosteroids

such as dexamethasone is also being considered for the management of severe and critically ill patients. For the containment of the virus, it is recommended to quarantine the infected and to follow good hygiene practices.

Scientists across the globe are working tirelessly to understand the SARS CoV-2 virus, and to be able to predict its behaviour and impact. The SARS CoV - 2 virus has a better sequence identity with SARS CoV than the MERS CoV.

The most important difference in transmission of COVID-19 compared to SARS in 2003 is that substantial transmission is possible with mild symptoms or no symptoms. The clinical illness is characterized by a long, mild discomfort/symptoms that can last 5-9 days before people seek medical attention, which is a risk period for community transmission. Transmission from asymptomatic people has also been recorded, which makes COVID-19 different from SARS which was contagious only if the patient was symptomatic.

Managing Asymptomatic Cases

In every outbreak of an infectious disease, the concerned authorities find different ways of limiting the transmission/spread of the disease by identifying different ways of mitigation. In the current and ongoing pandemic of COVID-19, where vaccines and treatment options

are very limited, awareness of the public is of great concern around the globe. In Pakistan, where the literacy rate is 62% and variations of the literacy rate are being observed across the provinces, the awareness of the general public becomes a challenge especially in remote areas.

In the context of COVID-19 pandemic, in Pakistan every province and regions have reported the lab confirmed cases and community transmission has occurred i.e. more than 95% of the total existing cases are locally transmitted, with the hospitals at their maximum capacity of providing care to the moderate to severely ill patients. In this context, majority of the people are preferring home isolation & management of asymptomatic and mild cases of COVID-19.

When COVID-19 is spreading in an area, the available guidelines suggest that all residents should be encouraged to stay alert for symptoms, and adapt social distancing measures including staying home as much as possible,

maintaining a six foot (1.8 meter) distance when interacting with people, frequent handwashing, along with adaptation of the Standard IPC guidelines i.e. contact and droplet precautions. For those who are returning from international flights in an area with prevalent COVID-19 cases, it is recommended that they must self-quarantine at home for 14 days, including those who are returning through cruise ships, and avoid contact with individuals at high risk for developing potentially lethal complications or severe illness.

For isolation of asymptomatic and mild cases at home, the available guidelines suggest that the outpatients with suspected or confirmed COVID-19 (including those awaiting test results) must stay at home and they will be separated from other people and animals in the household along with avoid visitors in to home. The patient should wear a face cover if they must be in the same room as other people for source control. The World Health Organization (WHO) recommends a medical mask. Other standard precautions include;

1. Limiting the number of caregivers and, if possible, the caregiver should be a person who do not have risk factors for developing severe disease.
2. Having patients use a separate bedroom and bathroom, if available.
3. Minimizing patients' exposure to shared spaces and ensuring shared spaces in the home have good air flow, such as an air conditioner or an opened window. When sharing spaces cannot be avoided, patients and caregivers should try to remain six feet (two meters) apart, if possible, and face covers should be used by everyone.
4. Ensuring caregivers perform hand hygiene after any type of contact with patients or their immediate environment. In addition, caregivers should wear gloves when touching the patient's blood, stool, or body fluids, such as saliva, sputum, nasal mucus, vomit, and urine.
5. Educating caregivers on how to carefully put on and take off PPE.
6. Instructing family members to avoid sharing utensils and other commodities used by the patient.
7. For those who require nebulizer treatments, certain precautions should be taken to reduce the risk of aerosol transmission to others.

Conclusion

There is no definite treatment for COVID-19 and at present only supportive treatment is provided. It is generally recommended that those who are lab confirmed cases of COVID-19, should be treated in a designated or intermediate health facility. However, if the confirmed patients are managed at the household level, then the minimum standard recommended guidelines should be adapted to limit the spread of infection to other household members, and to also avoid further spread of the disease in the community.

SARI/ILI SURVEILLANCE SYSTEM AND COVID-19

Severe Acute Respiratory Illness (SARI) and Influenza Like Illnesses (ILI) present with symptoms which are very similar to COVID-19. In all three diseases, there is a history of fever ($\geq 38\text{ C}^\circ$), cough, and exposure to a known case or travel to a hot spot of the disease within the last 10 days. There could be a need for hospitalization of the patient if the disease advances.

In 2008, a countrywide surveillance system was set up with the help of the Centres for Disease Control (CDC) in Pakistan, for identifying and tracking Severe Acute Respiratory Illness (SARI) and Influenza Like Illness (ILI)

cases. The objectives of setting up the National Influenza Central Laboratory Pakistan (NICLP) was to assess trends of SARI and ILI. In addition to keeping track of the spread and trends of the diseases, the NICLP serves the two-fold purpose of the early detection, and quick response to potential outbreaks.

The NICLP receives samples of suspected SARI and ILI cases from various hospitals across the country. After receiving the samples, tests are conducted to reach a definitive diagnosis, and a record of the findings is stored with the NICLP.

During the COVID-19 pandemic, the government of Pakistan has employed the SARI/ILI surveillance system to track the spread of the COVID-19 outbreak in Pakistan. The proportion of Severe Acute Respiratory illness (SARI) cases which also test positive for COVID-19 in a population can be used as a rough indicator of the prevalence of COVID-19 in that population. A proportion of more than 10% indicates an active spread, whereas a proportion of less than 5% indicates that the outbreak is under control. The figure below demonstrates that 31% of SARI cases in KP, 33% of SARI cases in Sindh, and 32% of SARI cases in Baluchistan turn out to be COVID-19 positive on a daily basis. The high daily proportion of SARI cases testing positive for COVID-19 indicates that the outbreak still actively present and spreading in Pakistan. The proportion of more than 10% positivity of SARI/ILI cases for COVID-19, especially in KP and Sindh, further indicates an active outbreak.

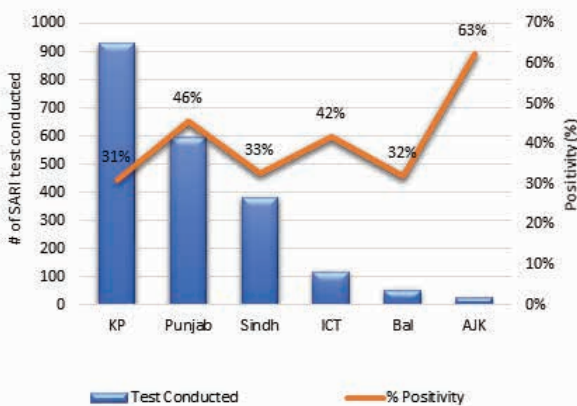


Figure 4: Test conducted and proportion of case positivity

There is need to continue supporting the government of Pakistan to respond to the outbreak and to break the chain of transmission to contain the outbreak. The following strategies are being proposed to achieve this goal:

1. Strengthening of the existing laboratories through the provision of equipment, PCR reagents, and supplies to become fully operational for molecular diagnostics.
2. Support for implementation of the sentinel ILI/SARI surveillance and other priority infectious diseases (Dengue, Measles, CCHF).
3. Capacity building of laboratory technical staff on molecular diagnosis, laboratory quality management system and bio-risk management.
4. Strengthen laboratory data reporting with linkage to the epidemiological and disease surveillance data

Interpretation and Reporting: SARS-CoV2 positive results need to be reported confidentially to the authorities before data entry. Weekly aggregate reports of surveillance should be generated to inform the in-country, regional, and continental response strategies. Overall SARI/ILI surveillance tests and results must tally with the SARS-CoV2 results.

Supply and Support: With the support of the WHO the testing capacity for COVID-19 has risen from zero to over 50,000 within months. The WHO will continue to support and supply the government with the required test kits and human resource.

ADDRESSING GENDER ISSUES DURING COVID-19

The COVID-19 pandemic is global public health crisis with a human right dimension having a major impact on the 2030 Agenda for Sustainable Development and the pledge to leave no one behind. The COVID-19 pandemic has strong likelihood to adversely impact on the lives and livelihoods particularly of vulnerable groups further compounding any pre-existing gender inequalities and human rights issues. Key gender based impacts observed during the pandemic include a difference in exposure and disease burden; increased work of care provision for women during quarantine/lockdown; limited level of protection for vulnerable groups including women, children, the elderly, the frontline workers/health care providers during quarantine/stay at home and care

provision to COVID patients; disruption of health care services including sexual and reproductive health care and HIV treatment services for women and other vulnerable groups; high infection risks for aging population including a dual burden of NCDs. Most importantly, the vulnerability of the victims of Gender Based Violence increases with the stay-at-home and lockdown measures.

These issues are being reported in Pakistan through different Socio-economic analysis and reports during COVID pandemic.

WHO Pakistan acknowledges the Gender and Human Rights dimensions of the COVID-19 pandemic, and are being addressed as part of WHO COVID-19 response to Pakistan. The key support during the period included:

Guidelines and Advocacy Briefs

The WHO launched global guidelines and advocacy briefs on Gender and Human Rights dimension of COVID – 19, as well as a health sector response to GBV, particularly domestic violence during the COVID-19 health emergency. The WHO Pakistan helped to align these guidelines with the country support plan 2020-21, to continue with the essential interventions during the COVID-19 response. Moreover the guidelines were widely disseminated among line Ministries; health sector and other development and humanitarian partners for joint interventions and advocacy, to address Gender and human rights dimensions of the COVID-19 response in Pakistan.

Technical Support

The NDMA arranged national and provincial level working groups on the subjects of Protection, Child Protection and GBV for the COVID-19 response during the month of May 2020. The WHO Pakistan provided technical support for developing joint messages, advocacy, planning, capacity building, the development of minimum standards for integration and addressing human rights issues, protection of vulnerable groups including child protection, GBV, and protection from sexual exploitation and abuse.

Multi-sectoral Collaborations and Partnerships

WHO Pakistan supported the MoNHSR&C to initiate multiple discussions and collaborations with line ministries, including the Ministry of Human Rights, and the UN interagency and development partners, for addressing the human rights dimensions by strengthening the existing helplines for the provision of psycho-social support to GBV survivors, including multi-sectoral referrals pertaining to health and clinical care; vulnerability mappings; capacity building of service providers for health sector response to GBV; advocacy; and community outreach intervention.

Capacity Building and Virtual Advocacy

A technical package plan for capacity building of service providers and multi-level virtual advocacy with policy makers has been developed on addressing the Gender and the Human Rights dimensions, as well as the GBV health response as multi-sectoral responsibility during the progress period. Web based virtual advocacy and capacity building sessions are planned during current period.

Health systems can help women survivors of violence during COVID-19



Evidence Generation

WHO is supporting two evidence generation exercises including estimates of the incidence of violence against Women (VAW) in Pakistan, as well as developing a digital monitoring and reporting system for SDG-3 localized targets for Pakistan.

As way forward, the WHO Pakistan would continue with the technical assistance by focusing on Risk Communication and Community engagement Interventions to address Gender and Human Rights issues, as well as the GBV Health response associated with COVID.

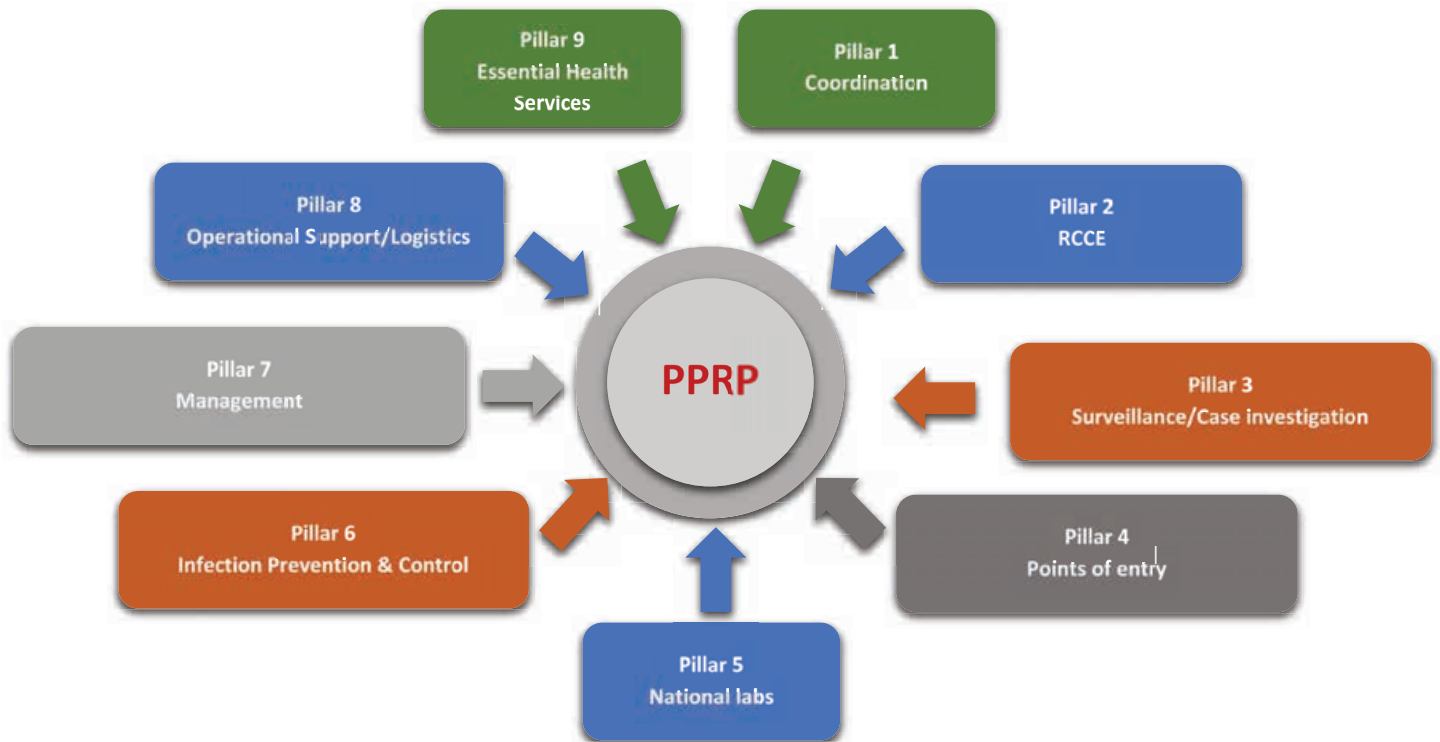
Governments can help protect women and their children from violence during COVID-19



THE NEWS SECTION

Pakistan Preparedness and Response Plan (PPRP)

The WHO assisted Pakistan in developing the Pakistan Preparedness and Response Plan (PPRP) to tackle the issue of the COVID-19 pandemic. The goal of the plan is to reduce the risk of COVID-19 pandemic to the population of Pakistan by prevention, detection, and response at all levels. The response priorities have been divided into nine (9) pillars, out of which seven (7) pillars are being supported by the WHO. These are depicted in the diagram below.



Pakistan Resilient Governance Structure for Corona Pandemic

Pakistan government timely and swift response to Covid-19 pandemic is commendable. After the onslaught of Corona in February, Pakistan's Government comprehensive measures and cautious decisions proved rewarding and helped the government to bring the pandemic curve down at the end of July. This situation was encouraging, and it was because of untiring efforts and unwavering courage of its leadership and all the people involved in preparedness and response activities. The Pakistan government projected strength and unity with people in the uncertainty's face posed by the pandemic which deserved appreciation. The following were some chief governance strategists which ensured the robust and well-coordinated comprehensive response to COVID 19 pandemic in Pakistan.

National Coordination Committee (NCC): It made high-level policy decisions and monitored the overall situation of Corona pandemic. The PM Imran Khan chaired the session of this committee. It ratified the decisions of the National Command and Operation Centre. It implemented complete lockdown for March and April but then later introduced "Smart Lockdown" maintaining a balance between life and livelihood while ensuring strict implementation of SOPs to combat the scourge of the Corona pandemic.

National Command and Operation Centre (NCOC): Relevant Cabinet Minister for COVID-19 response chaired NCOC meetings in presence of the Chief of Army Staff. It was the cardinal entity to garner and articulate concerted national effort against COVID-19, and to implement the decisions of the National Coordination Committee on COVID 19. This committee served as a single platform to examine, analyze and evaluate the situation of Corona pandemic, its impact and to devise a strategy to curb the spread of COVID 19. NCOC presented its recommendations to NCC. In NCOC, they consulted all the major issues related to the multi-sectoral engagement, implementation of NCC decisions, projections about likely spread of the Corona and support being extended to different government tiers. Usually, relevant Ministers, Chief Ministers, Government officials, Medical specialists, Army Officials took part in its meetings. The Minister of Health attended the meetings as well.

Standing Ministry of Chief Ministers/Task Force: It was the central body on the ground, which was at the forefront in the battle against Corona. It reckoned the nature of the global health crisis, adopted a proactive approach and liaised with every stakeholder to strengthen preparation and response activities and merged its efforts to underpin detection, assessment and surveillance for effective prevention and control of COVID-19 within Pakistan. It amplified the health care facilities in the wake of Corona Pandemic to several folds.

Technical Working Groups worked under the Ministry of Health for formulating technical strategies, National Action Plan, guidelines, protocols and other relevant technical issues.

National Disaster Management Authority (NDMA) was the focal agency at the federal level which administered all the activities in the wake of disasters and natural calamities. It was the operational hand of the NCOC. In the dark milieu of Corona, all stakeholders including Government, Ministries, Organizations, Armed Forces, INGOs, NGOs, and UN Agencies worked through NDMA to curtail the pandemic.

Provincial Disaster Management Authority was the lead agency which coordinated and facilitated response and relief tasks at the provincial level. It worked under the umbrella of NDMA.

Operational Level Committee (Provincial Level): Chief Secretary chaired it. Secretary Health and District Committees were present at the meetings. They dealt with operational functions from a strategic level and analyzed the pandemic response activities at the provincial and district level.

The WHO Country Support Team

Introduction and Background

The Country Support Team (CST) is constituted by the Regional Director of the WHO to be responsible for coordinating support to the various countries in the EMRO region. The purpose of the CST to support all the countries in the region in responding to the COVID-19 pandemic, and to tackle the challenge of providing the said support to these countries in spite of the traveling restrictions. The EMRO team works remotely to provide continuous support through daily communication. The CST team lead for Pakistan is Dr Yvan Hutin. The team lead coops with experts in the areas of coordination, risk communication and education, surveillance and contact tracing, case investigation, infection prevention and control, case management, information management, and logistics and operational support, based on the requirements of the country. In Pakistan the team comprises the WHO Country Representative (WR) Dr Palitha Mahipala, the Health Emergency Coordinator Dr Michael Lukwiya, and all the members of the WHE team.

During the meetings, the WHO Pakistan team provides an update of the prevailing COVID-19 situation, which is followed by an overview on the related coordination activities that is presented by the WR. The WR also highlights the specific areas which may require guidance from the CST.

Support areas

A close collaboration has been maintained between the WHO Pakistan and the various technical areas in EMRO to provide advice. This collaboration has allowed the WHO to guide its support to the government based on the provided technical advice.



Dr. Palitha Mahipala with the country support team lead Dr Yvan Hutin

Outcomes

Over the last four months the CST has provided technical support to the WHO Pakistan in the areas of coordination, risk communication and education, surveillance and contact tracing, case investigation, infection prevention and control, case management, information management, and logistics and operational support. All requirements for technical assistance are communicated to the EMRO team, which then conveys the concerns to the relevant technical persons.

Major Contributions

The CST has made the following notable contributions in the last four months:

1. The daily situation report template was reviewed and updated by the CST.
2. The mathematical modelling of the COVID-19 spread in Pakistan, as well as the projection of disease trends was supported by the CST.
3. The EMRO dashboard which displays the COVID-19 situation in Pakistan was developed with the support of the CST.
4. Supported in the protocol development for the Case-Control study conducted in KP to ascertain the causes of high mortality related to COVID-19.
5. The seroprevalence survey protocol has been discussed, reviewed and finalised with the collaboration of the team.
6. The team provided guidance and advise to the ministry of health during the Ramadan period.
7. Guided the WR position on implementation of non-pharmaceutical measures to respond to the pandemic, the maintenance of Essential Health Services, and the reopening of Points of Entry (PoE).
8. Guided the WHO strategy on expanding the testing capacity.
9. The Case Management experts, the International Health Regulation (IHR) focal person, and the Monitoring and Evaluation teams have been able to work in collaboration in responding to the pandemic.

Conclusion

At a time of crisis there is a need for maintaining such technical advice and support to keep the channels of communication and coordination open. The WHO technical support has contributed to the declining daily incidence of the COVID-19 cases in Pakistan. As we continue to witness the decline in the incidence, there is a need to refocus our attention on risk communication and education (non-pharmaceutical interventions) for behavioural change (on community and individual levels), case identification, isolation, reporting, and management.

THINK TANK FOR COVID-19 RESPONSE

The world witnessed the emergence of a new virus in December 2019 from the Wuhan city of China. Within the next few weeks the virus had not only become a localised outbreak, but had started spreading to other countries. In February 2020, Pakistan detected its first two cases of COVID-19. Since the disease was new, there was a dire need to support the government of Pakistan in its containment and management. In March 2020, the WHO Country Office Pakistan developed a Think Tank of experts to provide inputs regarding the changing situation of the COVID-19 pandemic in



The WHO Think Tank virtual meeting, March 2020. Center is the WHO Country Representative Dr. Palitha Mahipala, on left Dr. Micheal Lukwiya Incident Manager, on right is Dr. Jamal Nasar Cluster Lead Health System

the country, and to provide technical advice on the preparedness and response to COVID19 and other public health issues to the country office and other stakeholders. The Think Tank comprises people from esteemed national and foreign educational institutes, government offices, and ministries. They are responsible for focusing on the areas of Health System and Coordination, Surveillance, Epidemiology, Infectious Diseases, Case Management, Infection Prevention and Control (IPC), Risk Communication, and Medical supplies.

The purpose of the Think Tank is to brief the WHO Country Representative (WR) on the preparedness and response aspects of the pandemic in order to guide the support offered by the WHO to the government. As a result, the WR has been communicating with the government at the central and national levels regarding alternative public health interventions for the control the spread of the outbreak.

The Think Tank has been holding meetings twice weekly to discuss and monitor the daily testing, case management, contact tracing, disease trends, and the age, sex, and location wise segregation and distribution of COVID-19 in the population. It has been involved with accessing the daily reporting of COVID 19 case counts from the National Emergency Operation Cell (NEOC) database, the WHO's daily situation reports, and the data of diseases from other relevant sources in coordination with the national and provincial focal persons. Under the domain of IPC, the protection of the healthcare staff through provision of and training in the use of Personal Protective Equipment (PPE) has also been a priority of the Think Tank. Case management includes critical care, use of equipment, human resource, staff capacity, and management. The Health Services Academy Islamabad, with support from the WHO has started a training program for Health Care Workers on Intensive Care Unit (ICU) care. There is a plan to train around 5000 Health Care Workers under this program. The management as well as the proper identification of mild and especially moderate cases has also been the focus

of the meetings. The Think Tank also reviews the Global, Regional, National and Sub-national evidence / literature and surveillance data for disease patterns and infection spread, considering the impact of biological, social, and environmental factors, as well as the response, success stories, and interventions to curtail the local disease transmission.

A major concern during the pandemic has been the continuation of other essential services by the health system, which are negatively impacted under the burden of the pandemic. Family planning and life-saving maternal health services have been a priority concern, and the continuity of essential services under these domains have remained a focus. The Think Tank has also attempted to remove the "stigma" associated with the disease, and has devised community awareness strategies to handle the issue of stigmatization and ostracization of the positive cases of COVID-19. Other issues discussed by the Think Tank include the strategies for ensuring social and physical distancing, improving testing capacity, provision of supplies and equipment (including ventilators) and capacity building in the use of the equipment, the use of digital technologies for surveillance and case management, community awareness programs, and mathematical modelling of COVID-19 spread.

The Think Tank has been introduced as a new and innovative approach. It has been useful in analysing the COVID-19 situation in Pakistan, and in advising the WR for efficient and effective management of the pandemic.

The news articles in this section are pictorial representations of the WHO's contribution towards the different pillars of the PPRP.

APRIL 2020

WHO contributes towards increasing laboratory testing capacity

"The WHO Pakistan has played an active role in advocating for enhancing the lab testing capacity with Pakistan's Federal and Provincial Health Ministries and the Health Departments. This advocacy was pertinent given Pakistan's need to rapidly improve its ability to identify positive COVID-19 cases, and to in turn formulate the corresponding mitigation measures and response strategies at all levels."

Dr. Palitha Mahipala

The WHO supported the identification of new laboratory facilities that could support molecular testing for COVID-19. Today the testing capacity has been pushed to over 50,000 per day, to be conducted in 129 laboratories as opposed to the capacity of nearly 200 tests per day in March.

To enhance Pakistan's laboratory diagnostic capacity for COVID-19, WHO has provided technical support in the development of a national guidance document entitled 'Interim National Guidelines for Laboratories conducting COVID-19 Testing.' WHO Pakistan provided technical support to development of national guidance on Laboratory testing strategy, prioritization of risk groups for testing, process for authorization for labs to conduct testing, proposed categories of COVID-19 labs, as well as guidance for collection, storage and transport of human specimens for testing.

The WHO has been engaged in comprehensive laboratory assessments to gauge the testing capacity in country. On site laboratory visits have been conducted in major testing facilities in Islamabad, Punjab, and Sindh for the same purpose. In Khyber Pakhtunkhwa, WHO has conducted external assessments of all 16 COVID-19 labs.

The WHO has also been involved with the provincial regulatory bodies including the Punjab Health care Commission to assess and authorize new COVID-19 PCR labs using the WHO Laboratory assessment tool (LAT) for COVID-19.

The WHO has conducted trainings for over 400 laboratory staff and rapid responders from all provinces in sample collection, packaging and transport of COVID-19 samples, and the appropriate use of Personal Protective Equipment.



A trained worker in one of the laboratories established by the WHO in Khyber Teaching Hospital, Peshawar

WHO support to the expansion of testing-capacity for COVID-19

The WHO has supported Pakistan in the identification of new laboratory facilities that could support in conducting molecular testing for COVID-19. As a result, the national laboratory testing capacity has improved from less than 200 tests per day (March), to up to 50,000 tests per day (July). The WHO has supported the procurement of POKKIT Central Nucleic Acid Analysers Equipment for PCR testing, along with the kits and reagents. Fifteen Point of Care automated PCR units have donated to the National Disaster Management Authority on the 13th of April, for further distribution to the healthcare facilities in various parts of the country. In addition, 8 high capacities real time PCR equipment is being procured for supporting the labs in ICT, Punjab, KP, and AJK.

The WHO has also supported the procurement of POKKIT Central Nucleic Acid Analysers Equipment for PCR testing, along with the kits and reagents. Fifteen Point Of Care automated PCR units have donated to the National Disaster Management Authority on the 13th of April, for further distribution to the healthcare facilities in various parts of the country. In addition, 8 high capacity real time PCR equipment is being procured for supporting the labs in ICT, Punjab, KP, and AJK.

Moreover, WHO has been engaging with Provincial Regulatory Bodies, including the Punjab Health Care Commission, to assess and authorize new COVID-19 PCR laboratories through the WHO Laboratory Assessment Tool for COVID-19. WHO has conducted training for over 400 laboratory staff and rapid responders in all provinces to impart the necessary knowledge and skills for COVID-19 testing.



WHO donating the POKKIT Central Nucleic Acid Analysers Equipment to the NDMA

DFID Contribution to COVID-19 Response

The WHO Pakistan received over GBP 2.6 million from the Department for International Development (DFID) UK to support the Government of Pakistan for scaling-up the COVID-19 response. The funds are being utilized for strengthening the policy; planning and coordination; screening and surveillance; enhancing laboratory diagnostics; infection prevention and control; risk communication and education; and community mobilization. The signing ceremony took place at the residence of the UK ambassador in Pakistan. During the ceremony, the ambassador reiterated UK's commitment to support the government of Pakistan to respond to the COVID-19 pandemic. The WHO representative Dr Mahipala appreciated the support and asserted the WHO's commitment to support the member states during this pandemic.



Dr Palitha Mahipala signing the MoU with DFID for financial assistance for the COVID-19 response



The British High Commissioner to Pakistan Dr Christian Turner CMG, Head of DIFD Ms Annabel Garry, the WHO Representative to Pakistan Dr Palitha Mahipala, and the WHO Health Cluster Coordinator Dr Michael Lukwiya at the MoU signing ceremony with DFID

Pakistan's Preparedness and Response Plan launched



Dr Palitha Mahipala attending the launching ceremony of the PPRP in the presence of the Foreign Minister Makhdoom Shah Mehmood Qureshi

Dr Palitha Mahipala, participated in the official launching ceremony of Pakistan's Preparedness and Response Plan which was held at the Ministry of Foreign Affairs on 23 April, 2020. The Foreign Minister, Makhdoom Shah Mahmood Qureshi, the Special Assistant to the Prime Minister on Health, Dr Zafar Mirza, the Federal Minister for Economic Affairs Makhdoom Khusro Bakhtyar, and the representatives of the National Disaster Management Authority graced the event.

The WHO country office Pakistan led the technical support jointly with the ministry of health to prepare the PPRP, the purpose is to improve our capacity to deal with the epidemic more effectively. Dr. Tedros Adhanom, the Director General of the WHO, addressed the launch through a virtual link, and said that Pakistan's

response Plan to the COVID-19 crisis is a joint strategy of the Government of Pakistan, the UN, and partners, and it is aligned with the Global Goals of the UN.



Dr Palitha Mahipala at the launching ceremony of the PPRP

WHO's Support and Emphasis on Management of Mental Health and Well-Being during COVID 19 Pandemic

WHO is providing Mental Health and psychosocial support to help the public cope better with stress related to COVID-19. Government of Pakistan introduced a helpline 1166 to provide evidence-based and relevant information on COVID-19 virus to the callers about the sign/symptoms, treatment and referral system available in the country.

WHO has engaged a psychiatrist to answer queries on mental health on the helpline. WHO, developing a database to establish facts and figures indicating the number of people seeking medical help on mental health and require psychosocial support.

Along the same lines, WHO is also supporting the Gender-based-violence (GBV) related to COVID-19, as an outcome of mental stress from being confined to homes and observing social distancing.

On the directives of Dr Palitha Mahipala, WHO Representative in Pakistan, awareness-raising messages on how to deal with mental stress, psychosocial support and GBV have been developed and shared with team working at the call centre. Social media has been instrumental in amplifying awareness-raising messages on coping with mental stress and seeking professional help while addressing the stigma attached to it.

WHO takes lead in supporting Government in Infection Prevention & Control (IPC)

Since before the COVID-19 pandemic had reached Pakistan, the World Health Organization was working with the Federal and Provincial Health Ministries of Pakistan to improve Infection Prevention and Control (IPC) measures in all tiers of the Health System in the country. This encompassed establishing IPC structures at the National and Provincial Health Care Facility levels; capacity building of the healthcare workers by conducting trainings; supporting the provision of standardized PPEs/IPC supplies; and facilitating the development of a monitoring and audit mechanism.

Baseline assessments were conducted on IPC, WASH, and Case Management in 204 designated isolation facilities from 2 – 17 April, using customized tools derived from the WHO technical guidelines.

PPE supplies were provided to the Provincial DOH, POEs, the designated Isolation Hospitals and the Quarantine facilities. A series of trainings was organized

by the WHO for the capacity building of the healthcare workers in IPC, as well as the case management of COVID-19 patients in hospitals and healthcare facilities. Over 10,500 different categories of HCWs have been trained on standard, contact, droplet, and airborne disease related precautions, rational and responsible use of PPE, environmental cleaning and disinfection, injection safety, and waste management.

A milestone was achieved on 22 April, 2020, with the much awaited launch of the National Guidelines on Infection Prevention and Control by Dr Zafar Mirza, the Special Assistant to Prime Minister on Health, Dr Palitha Mahipala, the WHO Representative in Pakistan and Prof. Dr Aamer Ikram, Executive Director-National Institute of Health in a graceful ceremony held recently at NIH.



Dr Palitha Mahipala with Dr Zafar Mirza, Special Assitant on health to Prime Minister, at the launch of the National Guidelines on Infection Prevention and Control.

WHO Pakistan welcomes South Korea support

The Korean government has extended support to Pakistan during the COVID-19 pandemic. On 24 April, 2020, the Korean government pledged to donate USD 300,000 via the World Health Organization to Pakistan in order to support the country's response to the COVID-19 outbreak. Korean companies such as K-Water, KOEN and KOICA have provided an additional USD 47,000.

Dr Palitha Mahipala stated that, "the WHO highly appreciates the valuable support made by the Government of the Republic of Korea. Such support will enable WHO to scale up its response activities to COVID-19 alongside federal and provincial national authorities and counterparts, especially in light of the prospect of an increased case load in coming weeks."

The support from the Korean government has greatly helped in strengthening the efforts towards preparedness, as well as the response to the pandemic.



Dr Palitha Mahipala accepting donations from the Ambassador of the Republic of Korea to the Islamic Republic of Pakistan

Dr Palitha Mahipala meets the Provincial Commissioner of Relief



Dr Palitha Mahipala met with the Commissioner of Relief of the Provincial Disaster Management Authority (PDMA), Punjab, Mr Babar Hayat Tarar, and the Directors of PDMA on 29 April, 2020, who briefed Dr Mahipala on the steps being taken by the PMDA to support the response to COVID-19.

Dr Mahipala promised to support the PDMA Punjab by provided two Public Health officers. In addition, Dr Mahipala emphasized on the importance of effective coordination between the PDMA and the WHO. The PDMA Punjab welcomed this assistance, and expressed willingness to receive technical guidance from the WHO.

Dr Palitha Mahipala meeting the Provincial Commissioner of Relief, Mr Babar Hayat Tarar at the Provincial Disaster Management Authority (PDMA)

MAY 2020

Caring for the Frontline Health Workers

WHO is supporting Pakistan's Ministry of Health Services, Regulation and Coordination (M&NHSRC) in the development and roll-out of the nation's "We Care" campaign to protect the frontline healthcare workers currently engaged in the COVID-19 pandemic response. The "We Care" Campaign was launched on 12 May, 2020, by the Special Assistant to the Prime Minister on Health, Dr. Zafar Mirza, at a ceremony held at the National Command and Control Centre (NCOC) in Islamabad. Dr Palitha Mahipala, and Dr Assad Hafeez, the Vice Chancellor of the Health Services Academy, also signed a Memorandum of Understanding (MoU) on the occasion in the presence of Dr Zafar Mirza and the virtual presence of all the provincial health ministers.

According to remarks made by Dr. Zafar Mirza

at the launch, the campaign is designed to protect frontline healthcare workers from the risk of infection by improving their adherence to and understanding of Infection, Prevention, and Control (IPC) guidelines via awareness building trainings. In collaboration with the National Health Services Academy (HAS) over 100,000 frontline workers will be trained. The trainings will focus on building healthcare workers' knowledge to be up to date with current standards for the proper usage of personal protective equipment (PPEs) within various settings in healthcare facilities.



Dr Palitha Mahipala at the signing of the MoU with the HSA in the presence of Dr Zafar Mirza SAPM on health, and Dr Assad Hafeez, the Vice Chancellor of the HSA

JUNE 2020

Strengthening telemedicine services for SRH



Dr Palitha Mahipala at the closing session with Federal Director General Health Dr Malik Muhammad Safi following the virtual training on SRH in collaboration with COMSATS and the MoNHSR&C

The Ministry of National Health Services, Regulations and Coordination (MoNHSR&C), with the support from the WHO country office is implementing the use of telemedicine for ensuring the continuation of the essential sexual and reproductive health services during the COVID-19 crisis. A series of virtual trainings on SRH and maternal health for telemedicine providers are being planned by the MoNHSR&C. Various existing telemedicine organizations are involved in this capacity building intervention including COMSATS, Human Development Foundation and Sehat Kahani.

The first virtual training conducted from 8-12 June 2020. At the closing session, Federal Director General Health Dr Malik Muhammad Safi, Dr Palitha Mahipala, and the Executive Director of COMSATS Mr Junaid Zaidi were present, and they all greatly appreciated the initiative.

Ministry and WHO have shown commitment to continue this endeavor with support from COMSATS during 2020, and reach out to build the capacity of the majority of the telemedicine providers in the country.

WHO country representative meets Provincial Minister of Health, Punjab



Dr Palitha Mahipala meeting the Health Minister, Dr Yasmin Rashid

Dr Palitha Mahipala, met with the Health Minister (Punjab) Dr Yasmin Rashid on 19 June, 2020, at the inauguration ceremony of the "Bio Safety level – 3" Lab for COVID-19 testing at the Institute of Public Health, Lahore. Dr Mahipala acknowledged the dedication of the provincial leadership in responding to the COVID-19 situation, and emphasized on the need to enhance COVID-19 testing facility at provincial level. Dr Mahipala pledged support through the provision of PCR machines, and through strengthening the quality of testing. Dr Yasmin Rashid, acknowledged WHO's support and highlighted that there is a need to strengthen the laboratory capacities in Rawalpindi, Lahore and Multan districts.

Dr Mahipala also emphasized on the government's needs to focus on using SARI/ILI surveillance, to gauge the magnitude of COVID-19 situation as the local transmission has now been established.

WHO donates PPEs to KP



Dr Palitha Mahipala donating PPEs to the Director General of Health Services, Khyber Pakhtunkhwa

WHO has been proactively advocating for the safety of the healthcare workers during the COVID-19 pandemic. The use of Personal Protective Equipment is essential for controlling infection transmission to and from the healthcare provider. It is necessary to protect the healthcare workers by providing them with ample quantities of Personal Protective Equipment to maintain the numbers and the strength of the workforce that is required to respond to the pandemic.

Dr Palitha Mahipala, donated Personal Protection Equipment to the honourable Dr Niaz Muhammad, Director General Health Services, Khyber Pakhtunkhwa on 24 June, 2020 for the protection of healthcare professionals responding to the COVID-19 pandemic and working in health facilities.

The PPE kits contained Hand sanitizers, Surgical masks, N-95 masks and shoe covers. Dr Palitha assured WHO's support in enhancing the lab testing capacity to the honourable DG.

WHO donates PCR machines to KP



Dr Mahipala donating PCR machines along with accessories at the office of the Provincial Minister for Health and Finance, Khyber Pakhtunkhwa

Pakistan was pulled into the COVID-19 pandemic in February 2020. Since then, the WHO has been hard at work to devise the right strategies to prepare for and respond to COVID-19. As a part of the WHO's efforts in this direction, procurement and timely donation of PCR machines is an essential step.

In keeping with the WHO pledge to support the country in the fight against COVID-19, Dr Palitha Mahipala donated two PCR testing machines along with its accessories on 24 June 2020 to Honourable Provincial Minister for Health and Finance Mr. Taimur Saleem Khan Jhagra, and Dr. Niaz Muhammad, Director General Health Services, Khyber Pakhtunkhwa.

These machines will be installed in different laboratories to enhance the lab testing capacity of for COVID-19 testing in these two cities. The Honourable Provincial Health Minister and DG, Health Services

thanked WHO for their continued support in prevention and control of COVID-19 pandemic in the country.

Dr Palitha stressed on the need to enhance the overall lab testing capacity so the the country can detect and manage cases of COVID-19 using a robust strategy.

Enhanced Outreach Activities: An effective immunization strategy in COVID-19 the context



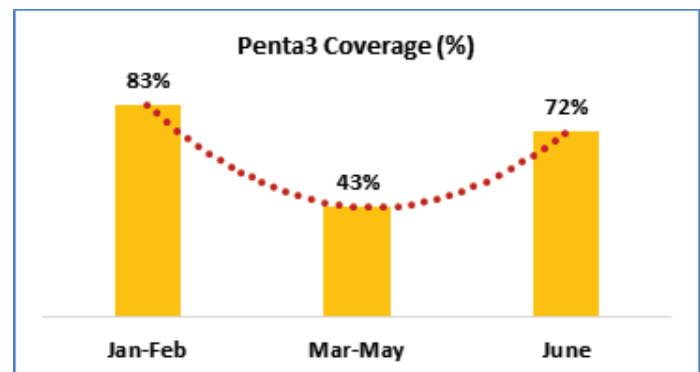
Dr. Palitha Mahipala WR and Dr. Mohammed Osama Mere Medical Officer, EPI monitoring EOA in Islamabad



EOA team is vaccinating child and being monitored by WHO technical officer in Capital Development Authority, Islamabad

WHO Pakistan, under the leadership of Country Representative Dr. Palitha Mahipala and through the continuous guidance, support and contribution of EPI Team Lead Dr. Mohammed Osama Mere came up with the idea to strengthen routine immunization outreach activities by remodeling them as “Enhanced Outreach Activities” by mobility support and capacity building of vaccination staff, quality microplans and intensified monitoring.

Due to COVID-19, like other health services, vaccination was also abruptly in Pakistan since end of March 2020 and vaccination coverages dropped drastically. Penta 3 coverage dropped from 82% of Feb to 25% in April (refer to the table below).



The fall and rise of Penta 3 coverage before and after the introduction of “Enhanced Outreach Activities” respectively

Based on successful EOA experience in 2019, essential immunization activities in Pakistan are resumed using this effective model of EOA from June in around 85 districts. About 6,722 vaccination teams have been deployed in field following all safety precautions recommended by WHO, they are provided training on Infection Prevention and Control (IPC), are provided Personal Protective Equipment (Medical masks and sanitizers) and are being monitored intensively. During the month of June 2020, COVID-19 cases increased with rapid pace, but EOA is giving significant results in this high transmission time. In the month of June, about 4.1 million vaccine doses are administered through EOA. Coverages of all antigens in June have improved by significantly in result of EOA. Around 972,003 children given doses of Penta and 1.4 million children visited and vaccinated with different antigens and 137,017 Zero Dose children vaccinated.

It is expected that EOA shall result in vaccination of missed children due to COVID-19 pandemic and improve vaccination coverages upto mark. Government ownership to EOA is good sign for the sustainability of this important immunization strategy which has been welcomed and supported by Pakistan Pediatric Association and other bodies.

Photo Gallery



Photo credit: MOFA-Pakistan

Dr Palitha Mahipala with the Foreign Minister of Pakistan, Mr Shah Mahmood Qureshi. Dr Mahipala presented the situation report and updated the FM on the WHO's response to COVID-19 in Pakistan



Dr Palitha Mahipala with Dr Zafar Mirza, SAPM on health at the inauguration of the WHO supported Dashboard at the MoNHSR&C



Dr Palitha Mahipala with Dr Zafar Mirza, SAPM during the inauguration of the WHO supported Dashboard at the MoNHSR&C



Dr Palitha Mahipala with the DFID delegation at the WHO Country Office



Dr Palitha Mahipala in a meeting with the ambassadors from Sweden and Norway at the WHO Country Office.



Dr Palitha Mahipala with the Chinese Deputy Ambassador and first secretary at the WHO Country Office in Islamabad.



Dr Palitha Mahipala and Dr Michael Lukwiya along with other WHO and PIMS staff after the inspection of isolation wards at PIMS.



Dr Palitha Mahipala along with the WHO Punjab team on a visit to 1000 bedded field hospital build at the Expo centre for COVID-19 patients.



Dr Palitha Mahipala with Dr Zafar Mirza and Dr Assad Hafeez on the signing ceremony of the MoU at NCOC



Dr Palitha Mahipala at the COMSATS with the partners of the WHO supported training on telemedicine.



Dr Palitha Mahipala donates PCR machines, IT equipment, and PPE to H.E. Prime Minister of AJK



Dr Zafar Mirza, SAPM on health, giving a briefing to donors in a WHO supported donors meeting on COVID-19 pandemic in the country.



Dr Palitha Mahipala is briefing media (Electronic & Print) on latest situation and WHO's response to COVID-19 pandemic in Pakistan



Dr Zafar Mirza, SAPM on health, giving a briefing to donors in a WHO supported donors meeting on COVID-19 pandemic in the country.



World Health Organization

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