

DRI's COVID-19 Policy Brief Series

PARLIAMENT AND THE HEALTH RESPONSE TO SECOND WAVE OF COVID-19 IN PAKISTAN



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This publication is a part of Democracy Reporting International's COVID-19 Policy Brief Series aimed to improve and strengthen parliamentary oversight of the government's COVID-19 response by providing technical input to parliamentarians on key policy areas.

SUMMARY

The emergence of COVID-19 has brought to light flaws in Pakistan's public health sector which was woefully unprepared to confront the pandemic. The health infrastructure is operating on maximum capacity and it is feared that the system will reach its breaking point if measures are not taken to deal with the second wave which could turn out to be more lethal. The pandemic response strategy has to be more nuanced, data-driven, transparent, robust and public health-led, demanding close scrutiny by

public representatives to ensure equitable access to the system by all vulnerable groups. The role of parliamentarians is crucial to the transparency and effectiveness of the country's health response to the pandemic. This policy brief identifies some of these challenges and outlines possible remedial measures that need to be taken by parliamentarians and respective committees for effective oversight of the government's health response during the second wave of the pandemic.

KEY ACTIONS RECOMMENDED



Parliamentary Scrutiny of Public Funds

Oversight of internal and external audits should be maintained continually to prevent diversion/mismanagement of public funds within the health system and governmental agencies involved in the COVID-19 response. The standing committee on National Health Services, Regulations and Coordination (NHSRC), should closely vet the procurement and distribution processes of supplies/equipment and third-party testing facilities. These should be managed through competitive bidding process. This is also a key recommendation of the International Parliamentary Union (IPU) guidance on parliament's role during the pandemic.



Parliamentary Stewardship of the Provision of Medical Equipment

The provision of PPE and medical supplies remained a challenge during the first wave of the pandemic. The members of NHSRC should provide oversight to the inventories and ensure seamless supply and equitable distribution of equipment and safety gear among health professionals and front-line staff at federal and provincial levels.



Vaccination Procurement and Deployment Policy

A progressive COVID-19 vaccine distribution policy needs to be formulated for effective coverage of priority groups (for example medical workforce, elderly and population with pre-existing conditions) in the first phase. This should be followed by distribution among the general public. Parliamentarians should ensure that government strategy on vaccine procurement and deployment is developed and subsequently approved by the parliament.



Coordination between Federal and Provincial Health Departments

Multiple layers of health committees established under different local government legislation are operational and can be used for equitable and efficient distribution of services and administration of vaccines. Parliamentarians should ensure smooth coordination between their respective provinces/constituencies and the center in this regard.



Protection of Personal Data Collected by Health Agencies

Data protection concerns are being voiced throughout the world as many agencies involved in the first wave response have been given unprecedented emergency access to citizens' data. Parliamentarians should take steps to safeguard that all agencies involved in data collection strive to ensure protection of personal data by collecting and sharing only the information needed to inform prevention and containment measures.



Universal Health Coverage

Parliamentarians should consider universal health coverage in Pakistan as enshrined in the IPU resolution on universal healthcare and increase budget spending on health, which has remained abysmally low over decades. Relatedly, parliamentarians should ensure that the human rights of vulnerable and marginalised groups remain at the center of public health response.



Public Awareness Campaigns About the Pandemic

Parliamentarians should raise awareness on all media platforms and in exchanges with their constituents about the threat that Covid-19 still poses and the urgency of observing all public health measures and complying with health regulations.

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EXECUTIVE SUMMARY

Pakistan managed the first wave of COVID-19 pandemic with unexpectedly low deaths and low case counts. Like other countries, Pakistan is heading into what experts call the second wave with case and body counts rising since mid-October. The National Command and Operations Centre (NCOC) sounded renewed alarms about the disastrous consequences of the second wave which is predicted to be more lethal than the first one. It is, therefore, vital that the health response to the second-wave is more nuanced, data-driven, transparent and robust. The strategy must also be debated and approved by the Pakistani parliament.

The role of parliamentarians in involving public health experts and medical practitioner is vital for the transparency and effectiveness of the health response against the pandemic. As public representatives and legislators, parliamentarians have the added responsibility of reaching out to their constituents for risk communication and public health messages. The latter assumes special significance

against the backdrop of the muddled and confused messaging during the first wave which bred complacency and indifference towards the severity of the virus¹. The triumphant statements about getting on top of the virus also fed the notion that the pandemic was somehow over and pre-Covid business as usual was the order of the day.

Parliamentarians need to also ensure that the new vaccines are procured and distributed to the most vulnerable citizens while personal protective equipment (PPE) is delivered to medical staff on priority basis. Equity in distribution of medicines, allocation of hospital beds and ventilators is paramount and requires oversight of standard operating procedures. Transparent procurement of equipment and PPE also requires scrutiny by relevant standing committees. In addition, media scrutiny and role in spreading health literacy based on science and data are a key to improving the quality of health response to the gathering second wave.

As of December 2nd, 2020



BACKGROUND

As of December 2nd, 2020, COVID-19 virus had infected 6.3 million people and claimed 1.4 million lives worldwide². By this time Pakistan had recorded 403,311 cases with 8166 deaths³. The virus, which hit China in early December 2019, spread across the globe with speed and rapidity not witnessed before. The World Health Organization (WHO) declared Corona virus a global pandemic on March 10th, 2020. Countries in the global north that were affected in the first sweep of the virus, deployed a spectrum of measures including quarantines, track and trace of the infected persons, ramping up hospital and public health systems and imposing nationwide shutdowns. With varying levels of success, the first wave was brought under considerable

control towards the end of June in Europe, leading to a gradual lifting of restrictions imposed in the wake of the pandemic.

The role of parliamentarians as legislator and scrutineer of the health response was judged vital to the robustness and quality of the response strategies around the world. Globally, parliaments responded with fully virtual or hybrid sessions to table, debate and approve corona-related emergency legislation and financial packages. In some countries, parliaments also set up special committees and inquiries to judge the effectiveness of the initiatives taken during the first wave with a view to draw lessons for improved second wave response.

¹ Pakistan's COVID-19 Crisis, International Crisis Group, August 6, 2020. Available at <https://www.crisisgroup.org/asia/south-asia/pakistan/b162-pakistans-covid-19-crisis>

² Covid World Map, The Guardian, 3 December 2020. Available at <https://www.theguardian.com/world/2020/dec/01/covid-world-map-which-countries-have-the-most-coronavirus-cases-and-deaths>

³ Coronavirus in Pakistan, the Dawn, 3 December 2020. Available at <https://www.dawn.com/>

HEALTH POLICY DURING THE FIRST WAVE OF COVID-19

Development of National Response Mechanism



The first case of COVID-19 in Pakistan was reported at the end of February 2020. Pakistani pilgrims returning from Iran were the first recorded carriers of the virus into the country. As a result of the lax quarantine and screening measures at the Taftan border, the virus entered Pakistan and spread rapidly across the country⁴. The province of Sindh and the northern areas of Gilgit Baltistan were the worst affected regions during the early weeks of the pandemic. Unsurprisingly, new cases began to be reported soon after from other parts of the country.

A countrywide lockdown was imposed on March 23rd despite muddled messaging from the government casting doubt on the known virulence and destructiveness of the virus. At federal level, the government moved swiftly to establish coordination structures by constituting a high-level National Coordination Committee (NCC) chaired by the Prime Minister. The NCC, responsible for overall coordination of COVID-19 response, is composed of all relevant federal ministers, chief ministers and representatives from the provincial health departments. A National Command and Control Centre (NCCC) was also established to ensure effective coordination between the federal and provincial governments. At provincial level, task forces on COVID-19, chaired by chief ministers, were formed. The National Disaster Management Authority (NDMA) with Provincial Disaster Management Authorities (PDMAs) were charged with operational functions for overall COVID-19 response. Government also framed a National Action Plan (NAP) to combat the virus.

Screening, Testing and Hospital Readiness



With no institutionalized public health system in place, the government struggled to control the spread of the virus. However, in an effort to prevent import of COVID-19 cases, on 23 January 2020, government agencies began screening the passengers arriving at Islamabad airport. Soon after, these screening measures were expanded to all points of entry including sea and land border crossings. Over one

million (1,102,562) passengers were screened between 23 January and 20 March 2020, when all points of entry were closed. Government also established 353 quarantine facilities with 139,558 beds. In addition, 566 hotels with 16,336 beds were also requisitioned for isolation purposes. A total of 217 isolation facilities with 119,778 beds were set aside for Covid-related management. National Institute of Health (NIH) led on escalating diagnostic efforts. By May 2020, 41 laboratories were able to carry out COVID-19 diagnostic tests⁵.

Response Challenges During the First Wave



Despite the above measures, the government encountered multiple coordination challenges in controlling the first-wave of COVID-19 virus. Differences in party ideologies led to differentiated responses to the pandemic at federal and provincial level. These political fault lines were most apparent in the case of opposition-ruled province of Sindh and the federal government who could not see eye-to-eye on the direction and pace of the province's aggressive but publicly lauded steps to impose strict lockdown. It is noteworthy to mention that the federal-provincial differences over the pandemic response persisted even though health is a provincial subject⁶.

Absence of Local Government



Among the European countries, Germany's exemplary and successful response to the first wave of the pandemic is put down to its vastly decentralized pandemic policy in a federal system⁷. Similarly, in the United Kingdom public health teams are embedded within the local government structures making the task of track and trace very localized, with public health teams playing the frontline role.

In Pakistan, even though local district administrations effectively led on the response during the early phase of the pandemic, the absence of local government representative structures was keenly felt and widely commented upon in a raft of reports and press accounts⁸. Local councilors act as a bridge between district administration and the wider

⁴ Pakistan's Corona Virus camp: 'No facilities, No humanity' The Guardian, 19 March, 2020. Available at <https://www.theguardian.com/world/2020/mar/19/pakistan-coronavirus-camp-no-facilities-no-humanity>

⁵ Pakistan Humanitarian Response Plan for COVID-19 Pandemic, 14 April, 2020. Available at <https://reliefweb.int/sites/reliefweb.int/files/resources/globalhumanitresponseplanacovid19-200510.v1.pdf>

⁶ The lack of coordination and the verbal fireworks between Sindh province and the federal government were the subject of various press reports, civil society statement and research reports. See Pakistan's COVID-19 political divide at <https://southasianvoices.org/pakistans-covid-19-political-divide/>; Pakistan's COVID-19 Crisis, International Crisis Group at <https://www.crisisgroup.org/asia/south-asia/pakistan/b162-pakistans-covid-19-crisis>; Pakistan CSO statement on COVID-19 response by Government at <https://gcap.global/news/pakistan-csos-statement-on-covid-19-response-by-government>

⁷ Germany's devolved logic is helping it win the coronavirus race, the Guardian, 5 April 2020. Available at <https://www.theguardian.com/world/2020/apr/05/germanys-devolved-logic-is-helping-it-win-the-coronavirus-race>

local community; they are also vital to local public health communication, track and trace efforts and the service delivery during emergencies such as the COVID-19.

Poorly Equipped and Under-resourced Isolation and Quarantine Centers



The isolation and quarantine facilities lacked proper infrastructure and human resources. This was most apparent in the case of Taftan border, where lack of proper infrastructure and quarantine and screening facilities resulted in the spread of the virus to other parts of the country⁹. By May 2020, the number of beds at 217 isolation facilities were 119,778, which were still far below the 196,421 beds required according to the evidence-driven projections made at the time¹⁰.

Inadequate Data Collection, Provision of PPE and Testing Systems



Data collection, analysis, reporting and dissemination remained weak and fragmented during the course of the first wave. The testing capacity and testing numbers remained low despite the expansion in the laboratories by May 2020. The death of the healthcare staff in large number was one of the key concerns among medical staff. The lack of the provision of PPE to healthcare staff was another widely raised concern. In the province of Khyber Pukhtunkhwa (KP) 21 doctors and 40 healthcare staff perished while fighting the virus¹¹.

PAKISTANI PARLIAMENT DURING THE FIRST WAVE OF THE COVID-19 CRISIS

The Parliament functioned as usual, rejecting various proposals for business continuity that were more aligned with COVID-19 protocols and SOPs. The opposition's refusal to set up virtual and hybrid sessions was on account of the differences in the political ideology of the ruling party and the opposition. Unlike other countries, the country-wide lockdown was imposed without parliamentary approval. Furthermore, the NCC was established without Cabinet approval at a meeting of the National Security Committee¹². The parliament was also shut down on March 13th, on account of the pandemic and reconvened on May 10th when the federal parliament met in person to debate the corona virus response¹³. Speaker of the National Assembly also formed a special parliamentary committee on the COVID-19 response. The committee, drawn from all parties,

met four times while its limited deliberations focused more on drawing up its terms of references which aspired to a more assertive role in monitoring the work of the NDMA, improving understanding and cooperation between the center and the provinces and optimizing health systems' delivery¹⁴. However, the parliamentary scrutiny did not make much headway due to the lack of consensus on the way forward. Many seasoned parliamentarians wrote briefing papers and op-ed articles on the need to involve parliament in the decision-making¹⁵. One notable exception, though, was that of the Child Rights Special Committee of the National Parliamentary Taskforce on SDGs, which organized a roundtable with civil society organizations to deliberate on the impact of COVID-19 on women and children¹⁶.

⁸ The absence of local government was widely commented upon reports and statement and research report see how local government can strengthen fight against COVID-19 at https://democracy-reporting.org/dri_publications/how-local-government-can-strengthen-pakistans-fight-against-covid-19/ ; Pakistani's COVID-19 Crisis , International Crisis Group at <https://www.crisisgroup.org/asia/south-asia/pakistan/b162-pakistans-covid-19-crisis>; Pakistan CSO statement on COVID-19 response by Government at <https://gcap.global/news/pakistan-csos-statement-on-covid-19-response-by-government/>

⁹ Pakistan's Corona Virus camp: 'No facilities, No humanity' The Guardian, 19 March, 2020. Available at <https://www.theguardian.com/world/2020/mar/19/pakistan-coronavirus-camp-no-facilities-no-humanity>

¹⁰ Pakistan Humanitarian Response Plan for COVID-19 Pandemic, 14 April, 2020. Available at <https://reliefweb.int/sites/reliefweb.int/files/resources/globalhumanitresponseplan-covid19-200510.v1.pdf>

¹¹ Another KP- doctor succumbs to COVID-19, The Tribune Express, 11 November 2020. Available at <https://tribune.com.pk/story/2271822/another-k-p-doctor-succumbs-to-covid-19>. The relations between government and medical community were fraught throughout the first wave response. See also Why the government and doctors are at odds. Available at <https://www.dw.com/en/covid-19-in-pakistan-why-the-government-and-doctors-are-at-odds/a-53149990>

¹² Citizen-Covid19-Government: Pakistan's Response, July 2020., HRCP. Available at <http://hrcp-web.org/hrcpweb/wp-content/uploads/2020/08/Citizens-Covid19-Government-Pakistans-response-EN.pdf>

¹³ Pakistan's parliament resumes session discuss covid-19, the Arab News, May 11, 2020. Available at <https://www.arabnews.pk/node/1673026/pakistan>

¹⁴ Parliamentary Committee on Coronavirus holds its second meeting, the Daily Times, 10 April 2020. Available at <https://dailytimes.com.pk/592496/parliamentary-committee-on-coronavirus-holds-2nd-meeting/>

¹⁵ Senator Sherry Rehman, the leader of the Pakistan People's Party wrote a policy brief titled Parliament and the Pandemic. Muslim League parliamentarian, Shah Nawaz Ranjha, contributed an op-ed article titled Parliament in the time of Covid on the need to involve parliament in the response. See Sherry Rehman's intervention at <https://jinnah-institute.org/publication/parliament-and-the-pandemic-2/>; See Shah Nawaz Ranjha op-ed article at <https://www.thenews.com.pk/print/653206-parliament-in-the-time-of-covid-19>

¹⁶ Parliamentarians discuss impact of covid on women and children, the Nation, May 22, 2020. Available at <https://nation.com.pk/22-May-2020/parliamentarians-discuss-impact-of-covid-19-on-women-children>

PAKISTAN ON THE EVE OF THE SECOND COVID-19 WAVE

Like other countries of the world, case numbers and body counts continue to rise in Pakistan since October 2020. NCOC has sounded the alarm and smart lockdowns are being deployed to contain localized outbreaks. Yet on November 14, of the 39,410 tests conducted, 2,443 were recorded positive, showing a positivity ratio of more than 6 percent¹⁷. This alarming rise can overwhelm the already fragile health system. Government has added 2,811 oxygenated beds to the existing capacity; there are 736 state-run hospitals where corona virus facilities are available, including 1,856 ventilators¹⁸. Government has designated 35 tertiary hospitals for COVID-19 treatment, 2,942 isolation beds at 215 facilities and 141 testing laboratories according to official COVID-19 dashboard¹⁹.

However, the reserved beds and COVID wards in hospitals are already full. With limited supply of ventilators, hospitals are already overwhelmed as the case numbers rise against the backdrop of the second wave which could turn out to be deadlier than the first²⁰. The health infrastructure is

operating on maximum capacity and it is feared that the system will reach its breaking point if measures are not taken to deal with the second wave²¹. Against this backdrop, the state policies need to be re-thought to create greater urgency around the health implications of the pandemic. This acquires greater significance for the upcoming wedding season since gatherings of more than 300 people are permissible as per the latest protocols²².

Government has announced procurement of the new COVID-19 vaccine, but the vaccine will not be delivered before first quarter of 2021. Even then the limited vaccine procurement will only cover a portion of the population. Between now and then, the level of preventive measures and hospital readiness should be in the highest gear. Parliament has a vital role in holding government to account on all aspects of the response related to the second wave. Federal and provincial governments also need to develop consistent messaging to gain the trust of the public towards enhanced ownership.

There are 736 state-run hospitals that are equipped with 1,856 ventilators for critical-care patients. Government has designated 35 tertiary hospitals for COVID-19 treatment, provided 2,942 isolation beds at 215 facilities and upgraded 141 testing laboratories. However, with limited supply of ventilators, hospitals are already stretched. By mid-November, the positivity ratio of COVID-19 cases had crossed 6 percent. This alarming rise can overwhelm the already fragile health system.

RECOMMENDED PARLIAMENTARY ACTIONS DURING THE SECOND WAVE

As with other humanitarian crises, the COVID-19 pandemic has piled up unprecedented pressure on legislators to respond to a rapidly evolving situation with many still

unknowns. Many shortcomings of the first wave of the coronavirus response can be remedied during the second wave.

1 Communication and Awareness Raising

The downplaying of the pandemic during the first wave has bred complacency among the larger public. A large majority of people thinks that the pandemic is over. Mixed and confused signaling during the first wave mean that people often now ignore the calls to observe social distancing and other health guidelines²³. **The parliamentarians, therefore, have the difficult task of raising awareness and continually communicating about the dangers of the second wave of the virus.** As public representatives, parliamentarians are ideally positioned to drive home the message about the threat that COVID-19 still poses and the urgency of observing all public health measures with renewed force. Parliamentarians should raise these issues on all media platforms and in exchanges with their constituents.



¹⁷ Covid resurgence, The Dawn, 16 November, 2020. Available at <https://www.dawn.com/news/1590665/covid-resurgence>

¹⁸ Covid positivity increases to 4.5 percent, the tribune expresses, 9 November 2020. Available at <https://tribune.com.pk/story/2271605/covid-positivity-ratio-increases-to-45-virus-spreading-rapidly-in-major-cities-ncoc>

¹⁹ Government of Pakistan's official covid portal. Available at <https://covid.gov.pk/facilities/List%20of%20COVID-19%20Designated%20Tertiary%20Care%20Hospitals%20Pakistan.pdf>

²⁰ Hospitals full as the second wave of virus grips Pakistan, The Arab News, 25 November 2020. Available at <https://www.arabnews.pk/node/1768141/pakistan>

²¹ Corona resurgence, The Dawn, 16 November 2020. Available at <https://www.dawn.com/news/1590665>

²² PM's Covid concerns, The Dawn, 18 November 2020. Available at <https://www.dawn.com/news/1591004/pms-covid-concerns>

²³ Pakistan's COVID-19 Crisis, International Crisis Group, August 6, 2020. Available at <https://www.crisisgroup.org/asia/south-asia/pakistan/b162-pakistans-covid-19-crisis>

Likewise, relevant parliamentary committees need to ensure that the health systems are primed for the second wave response in terms of the procurement of necessary medication, supplies and equipment as well as enhanced testing capacity. *This parliamentary advocacy should include free and enhanced testing numbers, ramping up hospital beds and ventilators and the provision of personal protective equipment for medical and healthcare staff.*

2 Vaccination Procurement and Deployment Policy

The new vaccine is not likely to reach low and middle-income countries until the first quarter of 2021. Until then, the parliamentarians should ensure that government's strategy on vaccine procurement and deployment is in place and closely vetted by relevant committees and the wider parliament. A progressive COVID-19 vaccine distribution policy needs to be formulated for effective coverage of priority groups (for example medical workforce, elderly and population with pre-existing conditions) in the first phase. This should be followed by distribution among the general public. Parliamentarians should ensure that government strategy on vaccine procurement and deployment is developed and subsequently approved by the parliament.



3 Universal Health Coverage

The pandemic has also opened up new opportunities to address existing health inequities and build fairer health care systems. Parliamentarians should consider universal health coverage in Pakistan as enshrined in the IPU resolution on universal healthcare and increase budget spending on health, which has remained abysmally low over decades. Relatedly, parliamentarians should ensure that the human rights of vulnerable and marginalized groups remain at the center of public health response.



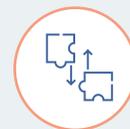
4 Parliamentary Stewardship of the Provision of Medical Equipment

The provision of PPE and medical supplies remained a challenge during the first wave of the pandemic. The members of NHSRC should provide oversight to the inventories and ensure seamless supply and equitable distribution of equipment and safety gear among health professionals and front-line staff at federal and provincial levels.



5 Coordination between Federal and Provincial Health Departments

Coordination between health authorities and departments at all tiers requires strengthening. Multiple layers of health committees established under different local government legislation are operational and can be used for equitable and efficient distribution of services and administration of vaccines. Parliamentarians should ensure smooth coordination between their respective provinces/constituencies and the center in this regard.



6 Protection of Personal Data Collected by Health Agencies

Data protection concerns are being voiced throughout the world as many agencies involved in the first wave response have been given unprecedented emergency access to citizens' data. Parliamentarians should take steps to safeguard that all agencies involved in data collection strive to ensure protection of personal data by collecting and sharing only the information needed to inform prevention and containment measures.

Furthermore, parliamentarians, particularly those with medical and public health backgrounds, should ensure that epidemiological surveillance systems are better prepared to detect community level outbreak and produce disaggregated data for its impact on different sections of the society. The coronavirus crisis has underscored the importance of the polio surveillance network which played a key role in the first wave response.



7 Parliamentary Scrutiny of Public Funds

Oversight of internal and external audits should be maintained continually to prevent diversion/mismanagement of public funds within the health system and governmental agencies involved in the COVID-19 response. The standing committee on National Health Services, Regulations and Coordination, should closely vet the procurement and distribution processes of supplies/equipment and third-party testing facilities. These should be managed through competitive bidding process. This is also a key recommendation of the IPU guidance on parliament's role during the pandemic.



8 Parliamentary Support to Media Scrutiny

Pakistani media has been under tremendous pressure over the past few years for multiple reasons. Parliamentarians should protect the independent work of journalists so that media can track and report on the response during the second wave to generate wider public debate on the direction of the response.

