IMPLICATIONS OF COVID-19 PANDEMIC UPON PAKISTAN

Majid Ali, PhD, School of Law, Zhongnan University of Economics and Law, Wuhan,
China
Deng Lie, Professor, School of Law, Zhongnan University of Economics and Law,
Wuhan, China

ABSTRACT

The outbreak of novel corona virus (covid-19) pandemic has been subsisting brought about catastrophic implications for the world in general as well as Pakistan in particular. Coronavirus is discovered to be from the same family of SARS-2003(Severe Acute Respiratory Syndrome) and Middle East Respiratory Syndrome(MERS) evidenced in 2012. Being an infectious disease it effected the whole society of the country. Like other developed and developing countries Pakistan was also not in position to coup with the situation to guard against the sever implications brought about by this pandemic. The second phase of coronavirus has created alarming situations in Pakistan. Due to the lack of medical resources, weak financial conditions, lack of education, weak emergency relief system and lack of awareness the number of cases are increasing day by day. Investing since decades below one percent of her GDP on health sectors the main cause reflecting weak health infrastructure. The government of Pakistan preferred smart lock down to combat the pandemic the object behind which was to sustain the deteriorate economic conditions of the country. There was a positive response on government initiative of smart lock down internally and outside the country. These variety of second phase of corona virus is more challenging for the poor people of Pakistan. How-to guard against coronavirus lockdown, quarantine and self-isolation are the most affordable remedies costly occasioned mental health problems throughout the country. The extensive lockdown has caused panic, stress, fair and sense of insecurity in the country. Physical and psychological pressure is persisting due to unemployment caused by covid-19. Furthermore, the so called political activities in Pakistan are endangering the lives of her innocent people. The people of the country are in war against coronavirus and this is the prime responsibility of political parties to suspend all the political activities to combat the coronavirus. Joint effort is the only way through which the effects of the present diseases can be diminished.

Keywords: Covid-19, lockdown, poverty, mental health, political dynamics.

Introduction

It was the last day of 2019 when a novel pneumonia cases emerged from an unknown cause centered at Wuhan (Hubei, China) (Lu et al, 2020). Which disturbed the whole days and nights of the world without any discrimination of developed and under developed or how much prosper of any particular nation would be. The pandemic came and disrupted the whole world. These verity of covid-19 was sensed by the WHO and declared it as a catastrophe for the nation of the world. The worse was increased to adopt millions of people to lockdown. The border was sealed and along with the education institution there was a shutdown of the markets. Being a society Pakistan can hardly by a country where any sort of lockdown could be implemented. But unfortunately we have left with no alternate but to observe at least smart lockdown. Howto take the national pandemic plan the vulnerable and poorest should be the key of our concern (Diwakar, 2020). Government should also be concerned with the long term and short term implications of covid-19. The people behavior must be a turning point in combating corona virus (Hayat et al, 2020). To save Pakistan is from the present pandemic covid19 is a tricky question to be understand (Sohil et al, 2021). How to suppress the transmission of covid-19 and How to activate a socioeconomic layer to combat this disease a balanced approach is provided by the united nations. Coupled with four provinces Pakistanis a middle-income country. Civilization is the sole rule to be changed through a well set of behavior and mind (Farooq and Hafeez, 2020). All the development that man has made so far, whether it could be the making of world largest towers, to be on the moon and mars, development on artificial intelligence, making robots and machine learning is dependent on one thing, that is human survival. Several designs were presented to combat covid-19 in which the most vulnerable was the theory of smart-lockdown presented and employed by Pakistan's government. For third world countries there can be no best remedy except smart lockdown to combat covid-19. This trend was followed by most of developing countries.

Covid-19

We are continuously learning about the unpredictable powers of nature. This is nowhere more true than in the continuous evolution of new infectious threats to human health that emerge often without warning from the natural environment (World Health Organization, 2018). Spreading from Wuhan corona virus is a global epidemic disturbed the peace of the world. It was first time visible at December 2019. This pandemic is spreading through human

transmissions touching, coughing etc. showing the symptoms of shortage of breathing, fever, coughing etc. The effected persons can be identified within 5-6 days of the infection disease that is extendable to 14 days (Anser et al, 2020). Evidence show that zoonotic source of SARRS-CoV-2 with the origin linked to bats (Guo et al, 2020). The government of Pakistan gave a National Preparedness & Response Plan for COVID19 as a blueprint for Pandemic Preparedness for Pakistan under Global Health Security Agenda (GHSA) in March, 2020 to cope with Coronavirus outbreak in the country (Sherin, 2020). Incident Command and Control/Incident Management System (ICMS) along with National emergency operation Cell (NEOC) for COVID-19 response were established to monitor the daily situation of the outbreak. Policy frameworks were drafted for federal, provincial, and regional stakeholders to build capacity to prevent, detect, and respond to the confirmed cases of COVID-19 in Pakistan. Advisories are being continuously issued to all relevant stockholders for taking necessary measures and are being revised from time to time according to the evolving situation. Pakistan is the second hardest-hit country in South Asia, with the third-highest cases in the WHO categorized EMRO region after Iran and 18th highest case count globally World Health (Organization, 2020). The number of cases has continued to soar despite the country being under partial lockdown for the ninth consecutive week. The situat union remains highly fluid with states changing at a fast pace. This study aimed to analyze the COVID19 cases and the overall outbreak situation across Pakistan.

Lockdown

How to adopt and analyzed the concept of lockdown during COVID-19 is a question of much importance. There are the following kinds of lockdown that were observed during covid-19, 2020, Forced Lockdown, Partial lockdown, Smart lockdown, Self-quarantine. Initially how to combat corona virus become a problem due to the lack of treatment and quarantine was suggested as an alternate remedy. The concept of quarantine is not a new factum. Initially Pakistan adopted complete lockdown. But technically speaking, it is very hard to put the entire country in to quarantine or self-quarantine for a long time. Pakistan observed smart-quarantine with financial assistance for the poor. Continuous increase in COVID19 was observed during smart-lockdown and which can't be presented as an effective preventive measure. People with working history outside the houses were affected the most with less fatality. Old citizen and young people with disease like asthma, diabetic, blood pressure and cardio vascular need special care during lockdown. At this stage, after the arrival of testing facility, it can be

suggested, to put a small area (an area which is vulnerable) in to complete lockdown. Quarantine facility should be arranged at district level and isolation facilities should be arranged in hospital for the infected persons. Financial assistance for the whole country was not fruitful. If a vulnerable/infected person is poor, financial assistance should be given to those only. In this way Pakistan, being as a developing country will be able to continue its fight against COVID-19. It was recommended that smart lockdown should continue in most of the areas coupled with complete lockdown in specific vulnerable and most affected areas. Data revealed that most of the cases were persisting in between 20 to 34 years of age but the deaths were recorded in the people with old age. The effect on labor community was high that can never be an affordable option. Togo with the smart lockdown an effective 12000/RS were relapsed to the labor community. Also to arrange and manage core tines for effected persons (Rukh et al, 2020). In some places smart lockdown was replaced with complete lockdown with a view to guard against the devastating situation of Covid-19. Researches are concerned with looking into new ways of preventive measures to decreased the evils of the present disease which can attack any person of any age. The incumbent period of this virus is stick to 14 days after that it can die of its own. So a complete rest of 14 days were required to be observe and that the enemy could die on its own death. Many countries have observed complete lockdown and minimize the fatalities. Still the net of preventive measures could be expended to achieve hundred percent goal (Lau et al, 2020). Pakistan is fighting with limited resources against Covid-19 (Cakir, 2019).

How to fight for a long-term we should determine the vulnerable most groups with the idea of safeguarding them. For this reasons the experiences of China, Iran and Italy can play a vital rule (Cakir and Savas, 2020). By looking into the epidemiological trend we can conclude that the death ratio is still moderate in Pakistan. Which can be attributed to a unique preventive system and smart lockdown by the Pakistan (Remuzzi and Remuzzi, 2020). How to get awareness and education are the other sources of which we can combat Covid-19. Awareness of Chinese people and their cooperation with the government machinery were the stepping stone whereby their success becomes true (Zhong et al, 2020). As covid19 outbreak in china Wuhan was reported on 31, December 2019 and till that time corona was considered epidemics within the boundaries of Wuhan (Sohrabi et al, 2020). Tough Pakistan was not in position to observe complete lockdown therefore Pakistan has managed a forced lockdown for fourteen days only with a view to shift it into a partial lockdown again (Abdulamir and Hafidh, 2020). The lockdown as a precautionary measure for COVID-19 has had devastating impact on the

economy of the Pakistan. Estimates expect Gross Domestic Product (GDP) to drop (4.64%), followed by a subsequent increase in people living below the poverty line from 50 60 million to 125 million.

Poverty

Covid-19 has adversely affected the poor peoples of the world. Although the predictions of the world's regulator seemed impossible to be achieved yet a set-back of ten years were noticed in the system (2020). Among the victims of the outbreak of Covid-19 were small, micro, and medium sized enterprises (Shafi et al, 2020). As the permanent impact of covid19 is urban the economic impact is gradually being transformed in to rural areas. The initial direct impact of covid-19 is on public health quickly overburdening health services reducing access to noncovid-19 related health problems (COVID, F. 2020). Many of the measures adopted have provided critical relief to individuals and families in need of support, showing that, even though the world economy is in a worse position to recover from the present crisis than from the 2008 global financial crisis, political will is all that is needed to address poverty (Marcos Barba et al, 2020). As the Corona virus and the resulting Covid-19 have profoundly changed the landscape for development. How to re-asses the impacts of covid-19 on the daily-wagers was meant to re-visit in order to rehabilitation process took place in a smooth way. As for as the details show that the poverty impact after covid19 outbreak are those shown by the ILO and those of IFPRI. Being threatening life and livelihood the covid-19 has created sever repercussion for institutions and effected communities (Malik et al, 2020).

Mental Health

The outbreak of corona virus has been progressed to a worldly pandemic adversely effecting millions of life in the seventh continent of the world. The available treatment for corona virus is nonexistent. Most of the countries have taken measures such as lockdown social distancing and self-isolation (Haider et al, 2020). Covid-19 is a group of viruses that can effect individuals and animals at the same time. The current Covid-19 has sever implication for mental health. COVID-19 is a global problem so it required a collective wisdom to counter the ruins of this pandemic. As because of widespread transmission of this pandemic it is recognized as an international disease (Sandesh et al, 2020). Lockdown is the first step consider to deal with the situations potentially to limits its wide spread to combat the ruins of covid19 (Wilder-Smith

and Freedman, 2020). As compared to the general public who undertake huge range of SOPs the public health workers are left with no preventive measures with limited resources and dubious infrastructure (Shigemura et al, 2020). secondly they face physical discomfort while taking preventive measures for treating the pandemic patients. (Huang, 2020). Therefore, it is extremely important to identify the HCPs who are at high risk of burnout and are more likely to suffer from anxiety, depression and stress in this pandemic, so that help can be provided where and when needed. It is also equally important to identify and address the factors responsible for this stress. In our study, high levels of anxiety, stress and depression among health care professionals were noted, which is a cause for concern. Both the government and health care agencies are responsible for protecting the psychological well-being of health care communities all over the world and ensuring a healthy work environment. Since there is a high prevalence of anxiety, depression, and stress among HCPs treating COVID-19 patients, it is imperative to invest resources to promote the mental health welfare of frontline professionals. Though, the causes of anxiety may not distress everyone but they can deteriorate the selfconfidence of health care workers in themselves and the health care delivery system. Recognizing these sources help the health care leaders to develop targeted approaches to minimize these concerns. There should be an unambiguous assurance to the health care workers about the safety of themselves and their families. Though the pandemic of COVID-19 has spread fear on not only individual but society levels and the need to implement proper mental health precautions along with physical health precautions, especially in countries like Pakistan where resources are limited and timely detection and eradication of mental health issues can help the patients in long term sufferings (Hamza Shuja et al, 2020).

Political Dynamics

The world is facing an unprecedented crisis. At its core is a global public health emergency on a scale not seen for a century, requiring a global response with far-reaching consequences for our economic, social and political lives. The priority is to save lives. More than of millions of lives have been effected by present covid-19. It has governments operating in a context of radical uncertainty, and faced with difficult tradeoffs given the health, economic and social challenges it raises. By spring of 2020 more than half of the world has experienced a strong lockdown and with strong containment measures (Allain-Dupré et al, 2020). The COVID crisis has massively accelerated some pre-existing trends, in particular digitalization. It has shaken the world, setting in motion waves of change with a wide range of possible trajectories

(Organización para la Cooperación y el Desarrollo Económico, 2020). The disease of COVID19 pandemic has brought about with major political, scientific and public health challenges. (World health organization, 2020) In view of the exceptional situation and to preserve life, countries have no choice but to adopt extraordinary measures. Extensive lockdowns, adopted to slow transmission of the virus, restrict by necessity freedom of movement and, in the process, freedom to enjoy many other human rights. Such measures can inadvertently affect people's livelihoods and security, their access to health care (not only for COVID-19), to food, water and sanitation, work, education as well as to leisure. Measures need to be taken to mitigate any such unintended consequences. The United nations has available a powerful set of tools, in the form of human rights, equip states and whole societies to respond to threats and crises in a way that puts people at the center.

Conclusion and Recommendations

As the epidemiological data shows that a huge number of people are suspected to be quarantine due to the covid-19 infection. The educational institutions have already been closed by the authorities and the partial lockdown is in full swing. This review provides an insight in to the COVID-19 current situation and represent subpicture of the current state of the art in terms of public health impact, pathophysiology and clinical manifestations, diagnosis, case management, emergency response and preparedness. There is a rapidly growing body of literature on this topic and hopefully it will help in finding an effective vaccine and the best practice for the management and treatment of symptomatic cases. Only once this pandemic ends, one will be able to assess the health, social and economic impact of this global disaster and we should be able to learn lessons especially in terms of public and global health for any future similar pandemics. Although the Pakistan stance of smart lockdown were supported throughout the world hence there is need to face the situation collectively and present to the world a unanimous gesture. Pakistan should take a serious concern of covid-19 to deal with its effects smoothly. The data released by the government presents a poor performance as all economic indicators have nosedived and the government blames Covid-19 for a loss of over RS 3 trillion to the national income. At least another 10 Million people are expected to slip below the poverty line as a consequence of the coronavirus pandemic. "The Covid19 is expected to have a negative impact on the Pakistan's economy, and the number of people living below the poverty line may rise from the existing figure of 50 million to 60m," reads the survey.

The situation was also bleak before the pandemic. Now this is the time that the whole nation should play as a team to combat the ruins of covid-19.

Bibliography

Abdulamir, A. S., & Hafidh, R. R. (2020). The Possible Immunological Pathways for the Variable Immunopathogenesis of COVID—19 Infections among Healthy Adults, Elderly and Children. Electron J Gen Med. 2020; 17 (4): em202.

Abdulamir, A. S., & Hafidh, R. R. (2020). The Possible Immunological Pathways for the Variable Immunopathogenesis of COVID—19 Infections among Healthy Adults, Elderly and Children. Electron J Gen Med. 2020; 17 (4): em202.

Allain-Dupré, D., Chatry, I., Michalun, V., & Moisio, A. (2020). The territorial impact of COVID-19: managing the crisis across levels of government. OECD Policy Responses to Coronavirus (COVID-19), 10, 1620846020-1909698535.

Anser, M. K., Yousaf, Z., Khan, M. A., Nassani, A. A., Alotaibi, S. M., Abro, M. M. Q., ... & Zaman, K. (2020). Does communicable diseases (including COVID-19) may increase global poverty risk? A cloud on the horizon. *Environmental Research*, 187, 109668.

Cakir, Z., & Savas, H. B. (2020). A Mathematical Modelling Approach in the Spread of the Novel 2019 Coronavirus SARS-CoV-2 (COVID-19) Pandemic. Electron J Gen Med. 2020; 17 (4): em205.

COVID, F. (2020). and Rural Poverty: Supporting and Protecting the Rural Poor in Times of Pandemic. *FAO: Rome, Italy*.

Diwakar, V. (2020). From pandemics to poverty: Hotspots of vulnerability in times of crisis. *Emerging analysis and ideas*.

Farooq, M., & Hafeez, A. (2020). Covid-resnet: A deep learning framework for screening of covid19 from radiographs. *arXiv preprint arXiv:2003.14395*.

Guo, Y. R., Cao, Q. D., Hong, Z. S., Tan, Y. Y., Chen, S. D., Jin, H. J., ... & Yan, Y. (2020). The origin, transmission and clinical therapies on coronavirus disease 2019 (COVID-19) outbreak—an update on the status. *Military medical research*, 7, 1-10.

Haider, I. I., Tiwana, F., & Tahir, S. M. (2020). Impact of the COVID-19 pandemic on adult mental health. *Pakistan Journal of Medical Sciences*, *36*(COVID19-S4), S90.

Hamza Shuja, K., Aqeel, M., Jaffar, A., & Ahmed, A. (2020). COVID-19 pandemic and impending global mental health implications. Psychiatria Danubina, 32(1), 32-35.

Hayat, K., Rosenthal, M., Xu, S., Arshed, M., Li, P., Zhai, P., ... & Fang, Y. (2020). View of Pakistani residents toward coronavirus disease (COVID-19) during a rapid outbreak: a rapid online survey. *International journal of environmental research and public health*, 17(10), 3347.

Huang, J. (2020). Mental health survey of 230 medical staff in a tertiary infectious disease hospital for COVID-19. Chinese journal of industrial hygiene and occupational diseases, E001-E001.

Lau, H., Khosrawipour, V., Kocbach, P., Mikolajczyk, A., Schubert, J., Bania, J., & Khosrawipour, T. (2020). The positive impact of lockdown in Wuhan on containing the COVID-19 outbreak in China. *Journal of travel medicine*, 27(3), taaa037.

Lu, H., Stratton, C. W., & Tang, Y. W. (2020). Outbreak of pneumonia of unknown etiology in Wuhan, China: The mystery and the miracle. *Journal of medical virology*, 92(4), 401.

Marcos Barba, L., van Regenmortel, H., & Ehmke, E. (2020). Shelter from the Storm: The global need for universal social protection in times of COVID-19.

Malik, K., Meki, M., Morduch, J., Ogden, T., Quinn, S., & Said, F. (2020). COVID-19 and the Future of Microfinance: Evidence and Insights from Pakistan. Oxford Review of Economic Policy, 36(Supplement 1), S138-S168.

Mumtaz, M. (2021). COVID-19 and mental health challenges in Pakistan. International Journal of Social Psychiatry, 67(3), 303-304.

Organización para la Cooperación y el Desarrollo Económico. (2020). The territorial impact of COVID-19: Managing the crisis across levels of government. OECD Policy Responses to Coronavirus (COVID-19).

Organización para la Cooperación y el Desarrollo Económico. (2020). The territorial impact of COVID-19: Managing the crisis across levels of government. OECD Policy Responses to Coronavirus (COVID-19).

Remuzzi, A., & Remuzzi, G. (2020). COVID-19 and Italy: what next?. *The lancet*, 395(10231), 1225-1228.

Rukh, L., Nafees, M., & Khan, F. (2020). Evaluation of forced-lockdown, partial lockdown and smart-lockdown against COVID-19 hazard and related problems: an example from Pakistan. *Soc. Sci.*, 27, 25-25.

Shafi, M., Liu, J., & Ren, W. (2020). Impact of COVID-19 pandemic on micro, small, and medium-sized Enterprises operating in Pakistan. *Research in Globalization*, 2, 100018.

Sherin, A. (2020). Preparedness and Response of Pakistan for Coronavirus Disease 2019: Gaps and Challenges. *Khyber Medical University Journal*, *12*(2), 79-80.

Sohrabi, C., Alsafi, Z., O'neill, N., Khan, M., Kerwan, A., Al-Jabir, A., ... & Agha, R. (2020). World Health Organization declares global emergency: A review of the 2019 novel coronavirus (COVID-19). *International journal of surgery*, 76, 71-76.

Sumner, A., Hoy, C., & Ortiz-Juarez, E. (2020). *Estimates of the impact of COVID-19 on global poverty* (No. 2020/43). WIDER working paper.

Sohil, F., Sohail, M. U., & Shabbir, J. (2021). COVID-19 in Pakistan: Challenges and priorities. *Cogent Medicine*, 8(1), 1966179.

Sandesh, R., Shahid, W., Dev, K., Mandhan, N., Shankar, P., Shaikh, A., & Rizwan, A. (2020). Impact of COVID-19 on the mental health of healthcare professionals in Pakistan. *Cureus*, *12*(7).

Shigemura, J., Ursano, R. J., Morganstein, J. C., Kurosawa, M., & Benedek, D. M. (2020). Public responses to the novel 2019 coronavirus (2019-nCoV) in Japan: Mental health consequences and target populations. *Psychiatry and clinical neurosciences*, 74(4), 281.

Wilder-Smith, A., & Freedman, D. O. (2020). Isolation, quarantine, social distancing and community containment: pivotal role for old-style public health measures in the novel coronavirus (2019-nCoV) outbreak. Journal of travel medicine, 27(2), taaa020.

World Health Organization, & World Health Organization. (2020). Coronavirus disease (COVID-19) outbreak. 2020.

World Health Organization. (2018). Managing epidemics: key facts about major deadly diseases. World Health Organization.

World Health Organization. (2020). Coronavirus disease (COVID-19): weekly epidemiological update, 31 August 2020.

Zhong, B. L., Luo, W., Li, H. M., Zhang, Q. Q., Liu, X. G., Li, W. T., & Li, Y. (2020). Knowledge, attitudes, and practices towards COVID-19 among Chinese residents during the rapid rise period of the COVID-19 outbreak: a quick online cross-sectional survey. *International journal of biological sciences*, 16(10), 1745.