



PIDE

COVID-19 BULLETIN

No. 9

CORONA WAR: Heterodox Solution Based on Aggressive Testing¹

In the *PIDE COVID-19 Bulletin No. 2*, we supported a policy of lockdown in a phased way as per its geographical intensification. Lockdown was suggested as the most effective policy response for two reasons. Firstly, to break the chain of epidemic spread. And secondly, as per PIDE's analysis, lockdown if successful in stopping epidemic at an early stage was considered to have much less economic cost instead of a policy of slowing down the economy.

We also feel that the Prime Minister's hesitation for a lockdown is understandable for two reasons.

1. The biggest issue is that of logistics. How to get food and daily necessities to people behind the lockdown especially as we know that few in our cities have the means to store food for any reasonable duration.
2. Most cities are zoned and planned for populations that are far below the actual numbers in them². This forces people to either crowd into insanitary old establishments or set themselves up in crowded informal settlements. Given the extent of crowding, thanks to poor planning, social distancing in these areas will mean little.

So, let us think of a more heterodox solution to minimise losses.

Decentralise Testing and Treatment

Pakistan has done very little testing: 13,000 to date (see *PIDE COVID-19 Dashboard*). Given the shortage of kits and the resources to get them, it is understandable.

So, an alternative to a complete lockdown would be to scale up testing. For that we must obtain tests and see if more tests can be made locally by our 700 or so pharmaceutical manufacturers (see *PIDE COVID-19 Bulletin No. 8*).

It is important to disperse testing and treatment widely so that pressure on large cities is alleviated. This is crucial for the following reasons:

¹ This Bulletin is based on the discussions held on the Online PIDE COVID-19 Forum having experts from all backgrounds relevant to dealing with the pandemic. We are specifically thankful to Dr. Samia Altaf –a leading preventive medicine and public health specialist, for her inputs. Thanks are also due to Mr. Taimur Malik, Director Digital Transformation, SAP, and Mr Rafi Haffar – a management consultant, who is involved in implementing web-based tools in the Middle East for the management and containment of the pandemic in the region.

² <https://pide.org.pk/pdf/Policy-Viewpoint-12.pdf>

- As much as possible areas, especially cities, need to be isolated for a while so that the speed of the spread can be slowed.
- Tertiary health care system in Pakistan does not have the depth to handle such a massive inflow of patients, and one which is increasing exponentially.
- Given the shortage of medical resources (human and physical), there will at some point arise an issue of distributive justice for doctors making them the judge of who to treat and who not to.
- With the explosion of the number of patients, it is a possibility that the medical staff will become overwhelmed and shun duty, given they are working with limited resources and also with a minimal protective environment.
- There is a limit to which the tertiary healthcare units can take load of patients. Mobilising sub-national health systems at the district, tehsil and even lower levels, like the BHUs, holds significance.

While of course we need to import equipment such as tests and ventilators, we also need to worry about how and where they are used. Getting the crucial equipment and then placing it in a decentralised fashion is critical, so that no system is overwhelmed and patient movement is minimised.

In passing we might also mention that operating a ventilator is a scarce skill which policymakers must bear in mind. This capacity cannot be created immediately. Estimates suggest that 15% of those infected will need hospitalisation, and of these 5% would be needing ventilators³.

We need these ventilators, and more importantly, the capacity to operate them. But we must also must strategise their placement as our big hospitals could be inundated.

Lack of Social Distancing Stresses the Need for Testing

What worked in China would not necessarily work in Pakistan. Policies of voluntary social distancing have not worked well in the country, while they were instrumental in countering the COVID-19 outbreak in China. Voluntary social distancing would not work in Pakistan, apart from the sociocultural and religious reasons, because of the living conditions as noted above.

Poor to lower-middle income households in Pakistan have:

- i. High average family size living in crowded conditions. In case of exposure, they will not have space to isolate within the housing unit.
- ii. Cultural aspects within poor communities are such that in the face of illness rather than isolation, friends and relatives gather around the patient.

³ Via interactions with Dr. Samia Altaf.

Lack of complete lockdown, for its economic consequences, and the reluctance to observe voluntary social distancing leaves us with no option but to increase testing if we want to have any chance of containing the outbreak.

Testing, Technology and Isolation

In the *PIDE COVID-19 Bulletin No. 3*, we outlined the framework for the quarantine policy in the country. To take that further we suggest:

1. Test. This is primarily how South Korea has contained the spread.
2. Mobile companies that we talked to have data on geo-locations and movements. With any positive tests they can quickly locate the contact network of the positive test. That tracking can identify people for tests as well as locations that may require isolation. Extensive use of geo-tracking, via cellular data, can guide testing and isolation policy.
3. Those testing positive should be isolated, in quarantines or homes, depending on the degree of illness and the resources available at hand. *PIDE COVID-19 Bulletin No. 3* also details how quarantines can be phased out.
4. Testing needs to be taken to the doorsteps of people via their reported phone numbers and geo-tracking.

Identifying people at an early stage of infection and then isolating them is the best way forward. Where Pakistan is now on the outbreak trajectory, even a lockdown without scaling up screening is not going to work. Testing sure needs resources but would save a lot of lives, potential pressure on the healthcare system and stress on the personal and national economy.

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PIDE COVID-19 Bulletin is an initiative by the Institute in response to the current pandemic, which is bound to have serious consequences for the country, specifically for its economy. The Bulletin would carry research that would aid in an informed policymaking to tackle the issue.

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