

HUSSAIN DAWOOD PLEDGE



COVID-19 Lessons from the Frontline

White Paper

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Based on a webinar discussion with



Foreword

The COVID-19 pandemic has not only caused a serious health crisis across the world, but also proven to be the most severe humanitarian challenge in modern times. The pandemic has tested the healthcare systems of the most developed global economies, while exposing the vulnerabilities of the fragile healthcare sector in the developing world.

The Government of Pakistan, along with strenuous efforts of private and public healthcare institutions, the corporate sector, and general public, was largely successful in controlling the first wave of COVID-19. However, with Pakistan now already in the second wave of COVID-19, we must use our experience and learnings to address the challenges ahead.

Herein may be found “*COVID-19 Lessons from the Frontline*”, as shared in a webinar organized by the Hussain Dawood Pledge in collaboration with its esteemed healthcare partners. This document endeavors to provide the government and other decision-makers a glimpse into hospitals’ strategies, challenges, and needs in responding to the COVID-19 crisis, while also proposing some short- and long-term measures to build the capacity of Pakistan’s healthcare system to overcome future health emergencies.

Webinar participants were

Ms. Sabrina Dawood, Chair - Hussain Dawood Pledge Committee, **Mr. Ahsan Zafar Syed**, Chief Executive Officer - Engro Energy, **Dr. Abdul Bari**, Chief Executive Officer - Indus Health Network, **Dr. Adil Haider**, Dean - AKU Medical College, **Dr. Aasim Yusuf**, Chief Medical Officer & Acting CEO - Shaukat Khanum Memorial Cancer Hospital and Research Centre, and **Professor Dr. Iftikhar Hussain Khan**, Principal - Nishtar Medical College, while the discussion was moderated by **Mr. Inam ur Rehman**, CEO - Dawood Hercules Corporation.

Watch the full webinar [here](#).

Key Challenges faced by Hospitals in First COVID-19 Wave

- **Expanding hospital capacity** to treat COVID-19 patients as isolation areas and oxygenated beds were required, while also maintaining sufficient hospital capacity for other patients.
- **Shortage of specialized healthcare staff** to extend patient care and supporting mental health of frontline workers.
- **Insufficient supplies** of personal protective equipment (PPEs), life-saving equipment and other critical materials.
- Lack of healthcare staff **training in use of PPEs**.

What Worked Well – Controlling the First Wave

- **Pakistan managed to control the spread of first wave of COVID-19 largely due to the enforcement of a strict lockdown, effective contact tracing and younger population demographics.** In comparison, the virus spread rapidly in India due to higher urban population density and movement of people from urban to rural areas.
- **Testing capacity was scaled** rapidly between March and May with support from the federal and provincial governments, and private institutions. Health Networks set up dedicated testing facilities to provide a safe, sterile testing environment without jeopardizing the safety and well-being of hospital staff and patients. The concept of Drive-Thru testing was also introduced by some hospitals.
- **Data-driven decision-making played a key role in restricting the spread of COVID-19 in communities.** The government gathered and closely tracked data to draw inferences for identification of hot zones.
- **Guidelines for COVID-19 treatment were developed rapidly, with wide use of treatment options early on.** For example, Pakistan was one of the first countries to start plasma therapy trials and use dexamethasone.
- **Telehealth services gained more prominence and wide acceptability** to help protect both patients and staff through social distancing measures. These services also helped to relieve pressure from the Health Networks in terms of bed capacity and critical care.

- **The crisis encouraged the formation of new private partnerships and out of the box solutions.** As procurement of COVID-19 related resources via government protocols would have been a time-consuming task, the federal and provincial governments welcomed private sector collaboration to support the relief efforts. Special COVID-19 Funds were setup by the government and the public actively generated funds as well. Health Networks formed innovative partnerships amongst themselves to share experiences, with the government to expand ICU capacity and the corporate sector to create optimal impact through best possible use of resources.
- **Work from home for non-essential staff proved to be successful** through adoption of digital technologies, without any disruption in normal activities.

Areas of Improvement Identified in First COVID-19 Wave

- **Hospital capacity should be managed in a better way so that other patients are not denied admission.** Hospitals should learn from their experience of establishing surge capacity in repurposed areas and promote telehealth services so that capacity is available to extend care to other patients as well.
- **There is need for a more structured, coordinated approach to bring discipline in the COVID-19 response.** Though the centralized control division, the National Command & Operation Centre (NCOC), was able to improve coordination between federal and provincial governments, there is need for a platform that also takes the corporate sector onboard so that resources are allocated in a manner that creates optimal impact. In particular, this platform will prove to be immensely useful to manage the supply chain and deployment of the vaccine, once it becomes available.
- **The disaster preparedness of public sector hospitals needs to improve and show more agility.** The process to release resources to these public hospitals needs to be accelerated. Further, greater coordination between institutions like National Disaster Management Authority (NDMA) and these public hospitals may help build their capacity.

- **The full utilization of protective equipment and testing facilities needs to improve** as currently there is conflicting data on the use of total capacity. The experience of ramping up testing facilities has shown that massive campaigns are possible if public-private partnerships are formed, however, full capacity must be utilized to control the spread of COVID-19.

Way Forward: COVID-19 and Beyond

Short term

- **Public and private institutions need to continue to collaborate.** By working together, we will be able to achieve a lot more through wide ranging expertise of stakeholders and inclusion of voices from diverse backgrounds. As a result, the action plans will be adaptable in line with ground realities.
- **No mask, no service.** Face masks must be worn, at all times, in confined spaces and public settings.
- **Communication campaign on social distancing and other precautions.** In the second COVID-19 wave, the media must continue to support amplification of campaigns to stress the importance of maintaining a safe social distance and other precautions, such as washing hands regularly.
- **Avoid super spreader gatherings/events.** Large public gatherings (especially restaurants and marriage halls) pose increasing risks of spreading COVID-19.
- **Enhance training for physicians and nurses.** In particular, training on the use of PPEs is very important and should be started early to protect frontline healthcare staff.
- **Build better and larger testing facilities.** Without early detection, it will be very challenging to control the spread of the second wave of COVID-19.
- **Scale up the capacity of local production of PPEs and, later on, vaccines.** A silver lining of the COVID-19 pandemic has been the local production of healthcare equipment, such as ventilators.

Medium- to long-term

- **The overall healthcare sector in Pakistan needs to be urgently reformed to address the current and future health emergencies.** As part of the reforms, Drug Regulatory Authority of Pakistan (DRAP) and health regulations need to be revamped and improved.
- **The corporate sector should be included as part of a central command and control structure, like NCOC.** This will ensure that concerted efforts are made through public-private partnerships.
- **There needs to be a greater focus on the hiring and training of an adequate staff headcount at hospitals.** Too often, only the physical infrastructure is prioritized, and the quality of patient care is compromised due to lack of training and high nurse-to-bed ratio.
- **We need to build on our experience of running successful immunization programs.** A focus should be on changing public opinions about the safety of vaccines. The campaign messaging should be strong and remind people how it will help them. For successful immunization programs, there needs to be greater collaboration between public and private partners, schools, and healthcare institutions.

About the Hussain Dawood Pledge



Mr. Hussain Dawood, Chairman Dawood Hercules Corporation and Engro Corporation, has pledged PKR 1 billion on behalf of his Family and Group companies to support COVID-19 relief efforts on the below mentioned multiple fronts, as identified by a comprehensive research conducted by its member company, Inbox Technologies:

- **disease prevention**, with a major focus on testing and diagnostics,
- protecting and **enabling healthcare practitioners** and other key workers, who are at the frontline of the fight against this pandemic,
- **enabling patient care** and facilities, and
- **bolstering livelihoods** and sustenance of those most in need.