

# COVID-19

## PAKISTAN

### MESSAGE FROM EDITORIAL BOARD

Over 77 M cases of Covid-19 and 1.65 M deaths as a result of Covid-19 has been quoted globally. The daily number of Coronavirus cases and deaths is on the rise. The prospects for the vaccine seem high at this point. Many countries in the World are building internal capacities to procure, distribute and administer vaccines against Covid-19. As we prepare for the final clearance, distribution, administration of the vaccine, there is still need not only to mobilize people to receive the vaccine but to continue implementing an effective system to halt the spread of the disease through efficient test and trace system.

The Government needs to be able to see where and how the disease is spreading if they hope to contain it. WHO appreciates the strenuous

efforts of the Government of Pakistan for effectively managing the first wave of COVID- 19 and current efforts in the areas of increasing testing of suspected cases, strengthening of surveillance, community mobilization and risk communication and community engagement and the application of other non-pharmaceutical measures such as Smart and Micro-Smart Lockdown.

WHO is committed to continue working with the Government of Pakistan at all levels in implementation of these preventive measures and to deploy material resources and sufficient expert staff to ensure a coherent, principled and prompt operational response to Coronavirus Emergency.



Country Office

World Health Organization

Pakistan

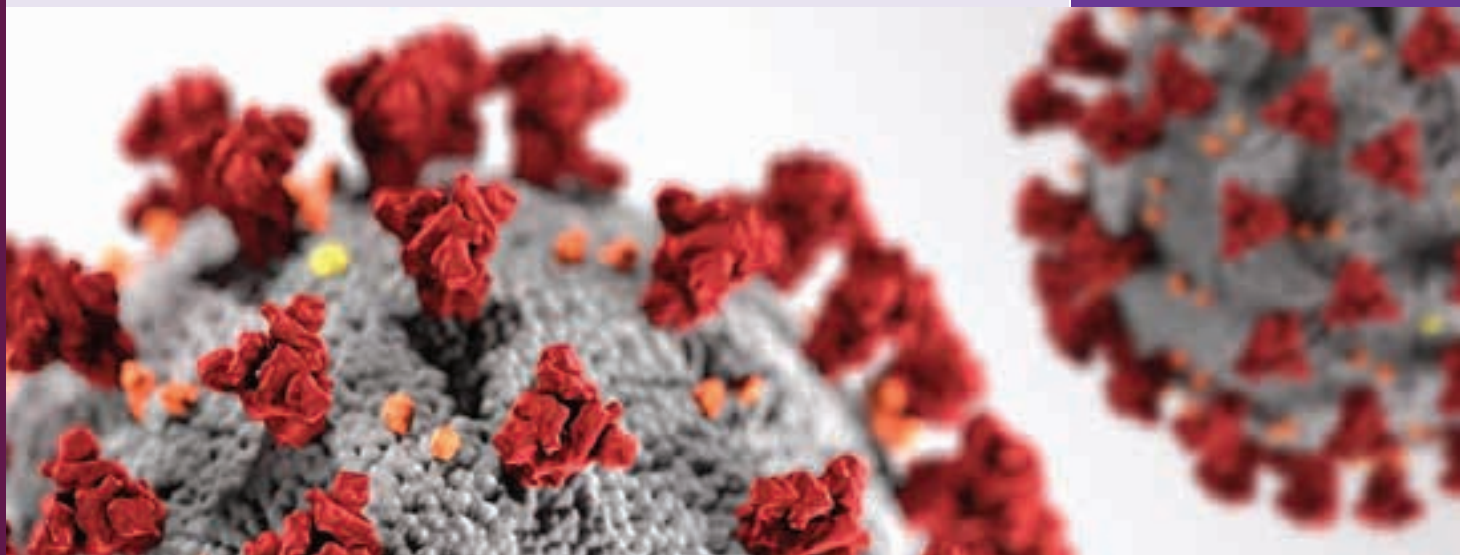
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## COVID-19 CORONAVIRUS



# THE KNOWLEDGE SECTION

## COVID-19 Situation in Pakistan

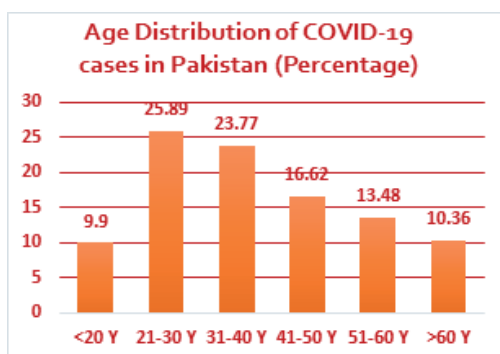
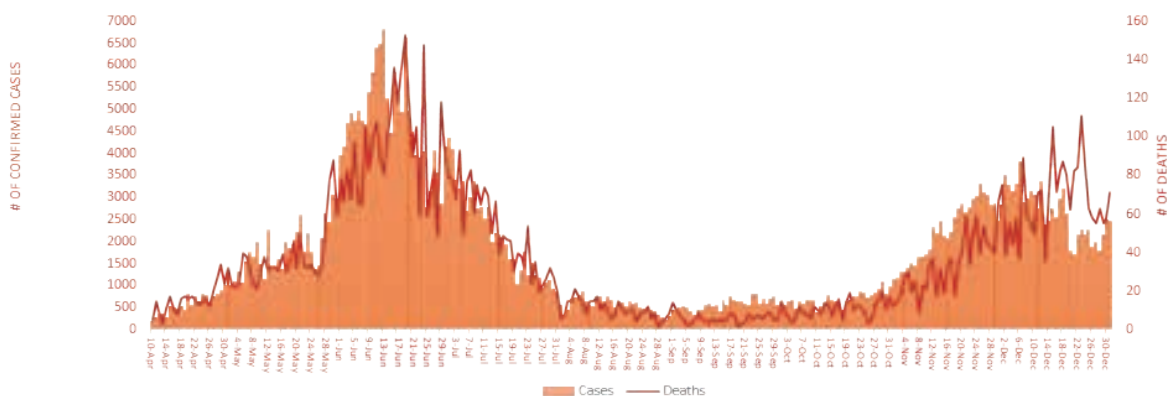
### COVID-19 Epidemiology

WHO COVID-19 Dashboard reported 78.79 million cases and 1.74 million deaths as of December 26, 2020. Globally, there is a continuous rise in daily new cases of COVID-19 as on December 26, 2020 a total of 593,717 new cases of COVID-19 with 10,168 deaths were reported globally in comparison to 93,466 cases with 3,549 deaths reported on June 3, 2020. The countries currently reporting high number of daily new cases as of December 26, 2020 includes United States of America (192,095), Brazil (60,076), India (36,011), Russian federation (29,258), Italy (19,037) and Germany (14,455).

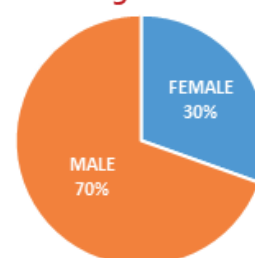
The Eastern Mediterranean region is also presenting the same trend for rise in new cases of COVID-19 where a total of 22,950 new cases were reported on December 26, 2020. The region surpassed its first wave of COVID-19 with its peak on June 20, 2020 when the region reported a total 21,773 new cases to under 15,000 cases from mid of July 2020.

Pakistan is one of the countries in the Eastern Mediterranean Region which successfully responded to the COVID-19 in its first wave when the country experienced its peak of the outbreak in mid of July 2020. The spread of COVID-19 was contained from its peak in July until mid of October but an upsurge in the number of cases from 11 October was noted when the country reported 385 cases with 10 deaths to 3,795 cases on 6 December with 37 deaths. After that the spread of the disease is fluctuating from the past few days and the positivity rate is continuously on rise i.e. 5.57% on 6 December 2020 in comparison to 1.43% as of 11 October 2020. Among the provinces, Sindh has so far recorded the highest number of confirmed COVID-19 cases (221,276) followed by Punjab (136,147), KP (57,467), Islamabad (37,272), Balochistan (18,082), AJK (8,850) and Gilgat-Baltistan (4,732). All the provincial and regional capitals are reporting the majority of the confirmed COVID-19 cases with Lahore at the top, followed by districts of Karachi, Peshawar, Islamabad, Quetta and Muzaffarabad at Punjab, Sindh, KP, Islamabad, Balochistan and AJK respectively. Majority of the people are affected between the age group of 21-40 years i.e. 49.66% followed by 41-50 years of age group i.e. 16.22% while the least affected cases are reported below 20 years of age (9.9%). Males represent a higher proportion of the confirmed cases (70%) as compared to the female population (30%).

Daily New Cases and New Deaths of COVID-19



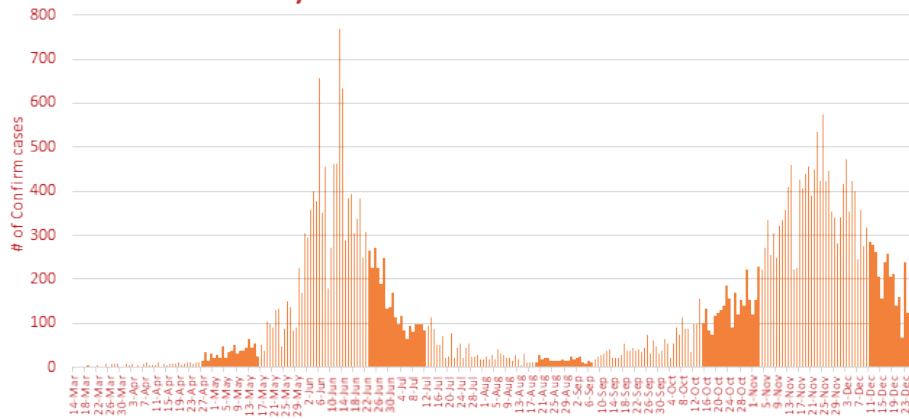
Gender Distribution of COVID-19 in Pakistan



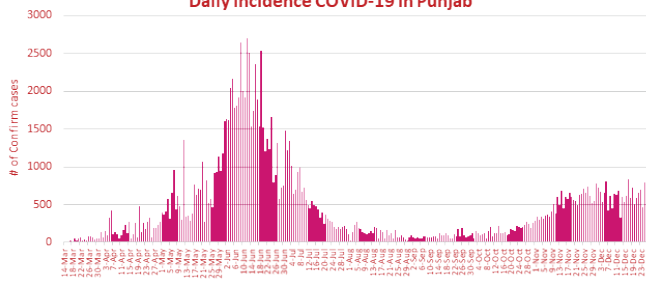
## COVID-19 Situation in the Provinces

Once again Corona Cases are on rise throughout Pakistan. WHO has increased its support to the Government of Pakistan to prevent the Possible Second Wave. The need of the hour is robust coordination, timely case identification, early contact tracing, and Infection Prevention and Control measures which can play massive role in controlling the increasing trend in the daily case incidence in all the provinces.

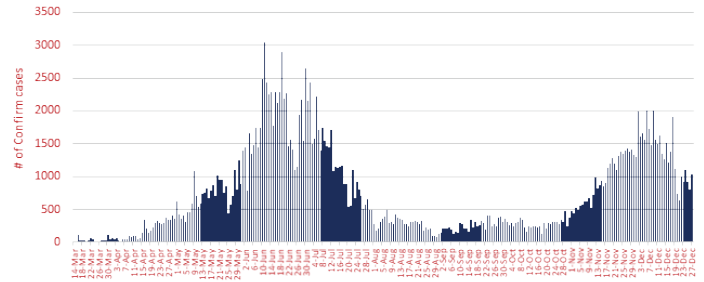
Daily Incidence COVID-19 in Islamabad



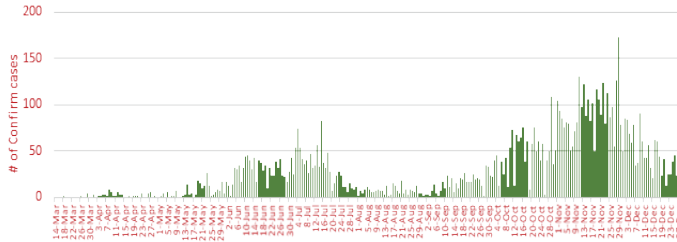
Daily Incidence COVID-19 in Punjab



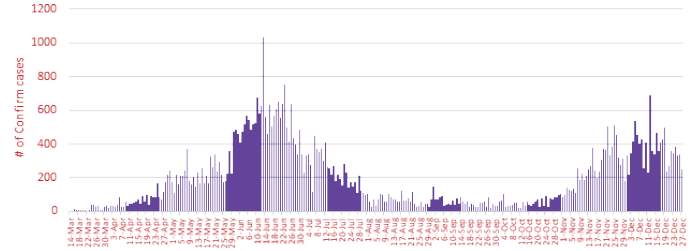
Daily Incidence COVID-19 in Sindh



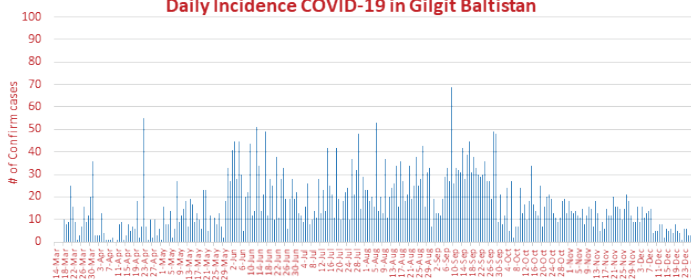
Daily Incidence COVID-19 in AJK



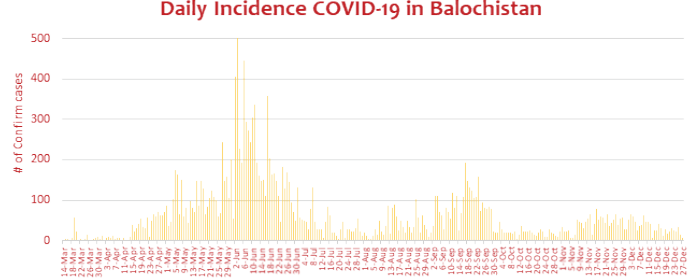
Daily Incidence COVID-19 in Khyber Pakhtunkhwa



Daily Incidence COVID-19 in Gilgit Baltistan



Daily Incidence COVID-19 in Balochistan



## WHO Response and Contribution

WHO Pakistan has been working closely with the Government of Pakistan to accelerate preparedness and response efforts for COVID-19, including surveillance and case investigation, laboratory testing and diagnosis, points of entries, operational and logistics, risk communications and community engagement, infection prevention and control at all three levels of the health system – national, provincial and district. It has reassigned the entire field presence including the Polio Program to support the government to overcome the challenges of Corona pandemic.

At the national level, WHO is providing technical support to the Ministry of National Health Services, Regulations and Coordination through the Joint Working Group (JWG) and working closely with National Disaster Management Authority (NDMA). In addition to technical medical support for establishing guidelines and standards, the WHO is also working in close coordination with the Health Ministry media cell for the implementation of information campaigns aimed at increasing awareness about the disease, importance of following SOPs, managing the impact of Covid-19 infodemic, quelling misinformation and promoting healthy behaviors.

### Major Contributions by WHO

- Policy dialogue and engagement, high level advocacy and technical assistance regarding Covid-19
- Development of National Laboratory Guidance Documents and Assessments
- Donation of 35 PCR machines and sample collection supplies including Viral Transport Medium (VTM), RNA extraction and SARS-CoV2 testing kits for over 40,000 tests
- Nominated IPC Committees in more than 120 Hospitals
- More than 10,000 healthcare workers trained on IPC
- Logistic and HR support

WHO teams are also supporting National and Provincial Governments in ensuring essential health services such as immunization, reproductive maternal newborn child and adolescent health (RMNCAH), non-communicable diseases and priority communicable diseases.





## Over US\$ 2 billion raised to support equitable access to COVID vaccines with additional US\$ 5 billion needed in 2021



Gavi, the Vaccine Alliance welcomes latest pledges in support of the Gavi COVAX AMC, a financing mechanism that will support 92 low- and middle-income economies' access to safe and effective COVID-19 vaccines. The approximately US\$360 million in commitments include US\$350m announced at the Paris Peace Forum by the European Commission, France, Spain and The Bill & Melinda Gates Foundation, as well as an earlier pledge of US\$10 million made by the Republic of Korea. This means that over US\$ 2 billion has been raised for the Gavi COVAX AMC so far, thanks to contributions from other sovereign donors, the private sector, and philanthropic sources. This funding will allow COVAX AMC to reserve and access 1 billion doses for AMC-eligible economies, with at least US\$ 5 billion needed in 2021 to procure doses as they come through the portfolio.

The announcements come as 94 higher-income economies have officially joined the COVAX Facility, a global effort to

ensure rapid and equitable access to safe and effective COVID-19 vaccines for the most vulnerable groups across the world. These 94 self-financing participants in the COVAX Facility will join the 92 low- and middle-income economies eligible to have their participation in the Facility supported by the Gavi COVAX AMC.

"We are incredibly grateful for the support received so far. This vital funding not only helps us ensure lower-income economies aren't left at the back of the queue when safe and effective COVID-19 vaccines become available, it will also play a vital role in ending the acute phase of this pandemic worldwide," said Dr Seth Berkley, CEO of Gavi, the Vaccine Alliance. "However, this is not the time to take our foot off the gas. We urgently need to raise at least an additional US\$ 5 billion by the end of 2021 to ensure equitable distribution of these vaccines to those who need them."

The details of the latest Gavi COVAX pledges received are as follows:

- The President of the European Commission pledged EUR 100 million (approximately US\$ 120 million) with the aim to support access to vaccines in lower income countries. This amount is in addition to the EUR 400 million (approximately US\$ 480 million) in guarantees approved by the European Investment Bank (EIB) on Wednesday. These commitments contribute to Team Europe, a joint effort between the Commission, EIB, the EU's 27 Member States, Norway and Iceland.
- France confirmed that the EUR 100m (approximately US\$ 120 million) pledged at the Global Vaccine Summit on June 4, as special funds for Gavi to combat COVID-19, will go towards the Gavi COVAX AMC.
- Spain confirmed that EUR 50 million (approximately US\$ 60 million) pledged at the Global Vaccine Summit on June 4, as special funds for Gavi to combat COVID-19, will go towards the Gavi COVAX AMC.
- The Bill & Melinda Gates Foundation pledged US\$ 50 million to the Gavi COVAX AMC. This amount is in addition to US\$ 106 million pledged by the Foundation for the COVAX AMC, bringing their total contribution to US\$ 156 million.
- The Republic of Korea has earlier pledged US\$ 10 million of new funding to the Gavi COVAX AMC.

The Bill & Melinda Gates Foundation also pledged an additional US\$ 20 million to CEPI, which is leading COVAX vaccine research and development work to develop safe and effective vaccines which can be made available to countries participating in the COVAX Facility. Nine candidate vaccines are currently being supported by CEPI; eight of which are currently in clinical trials. Governments, vaccine manufacturers (in addition to their own R&D), organisations and individuals have committed US\$ 1.3 billion towards vaccine R&D so far, but an additional US\$800m is urgently needed to continue to move the portfolio forward.

The COVAX Facility is part of COVAX, the vaccines pillar of the Access to COVID-19 Tools (ACT) Accelerator, which is co-led by the Coalition for Epidemic Preparedness Innovations (CEPI), Gavi, the Vaccine Alliance, and the World Health Organization (WHO) – working in partnership with developed and developing country vaccine manufacturers, UNICEF, the World Bank, civil society organisations and others. COVAX is the only global initiative that is working with governments and manufacturers to ensure COVID-19 vaccines are available worldwide to economies of all financial means.

## WHO Underpinned Various Research Activities During COVID-19 Pandemic



Research centres and pharmaceutical companies are working round the clock, pouring billions of dollars to support research and development activities to curb the pandemic. The medical companies and researchers have accelerated their pace to win the race of developing coronavirus vaccine and be a pioneer. There are now dozens of coronavirus vaccines in clinical trials around the globe. WHO being perceived as “the custodian of healthcare” is at the forefront of coordinating and planning concerted efforts to provide a collaborative platform for research and knowledge-sharing activities.

While we wait for the development and distribution of effective vaccine, there is still a need to continue responding to the outbreak through case identification and management, contact tracing and quarantine of contacts. Coordination of response, community mobilization, and application of non-pharmaceutical interventions and provision of information for effective planning are important aspects for managing the Corona Response. For strategic planning, surveys are one way through which we can obtain the necessary information that can serve as a baseline to gauge and establish a yardstick for comparing the outcomes. In medical science, surveys are often used to understand the

health care issues in the population which are difficult to grasp otherwise. In these challenging times when we are facing unprecedented risk to healthcare and wellbeing from a novel Coronavirus, surveys can be effective to give insight into the prevalence of this virus in population which in result can help us to understand its spread pattern and formulate the preventive and response measures.

WHO has stayed at the forefront to support operational research that is the ‘UNITY’ seroepidemiological studies. A seroepidemiological study provides information on the proportion of the population exposed to the pandemic. In the past, such studies helped to inform researchers, medical and public health fraternity, and planners regarding immunity development at the general populace level, that also implicitly reflect those who experienced the asymptomatic occurrence of disease during such outbreaks and in their aftermath. These studies also generate key evidence for passive immunity-based protection and treatment options in the short-medium-long term for high-risk cases and population segments. Serological surveys are a valuable tool to assess the extent of the pandemic, given the

existence of asymptomatic cases and little access to diagnostic tests. WHO in collaboration with National Institute of Health, is supporting this nationwide population-based study which aims to estimate the seroprevalence of COVID 19 infection in Pakistan at the national, provincial and district level. It has been conducted among selected districts in Pakistan to have an estimated prevalence of Covid-19 antibody levels among the general population of selected districts and to identify key associated factors such as socio-demographic, medical history and contact history-related information through a structured questionnaire.

WHO Country Representative in Pakistan, Dr Palitha Mahipala, along with Vice-Chancellor, Health Services Academy Islamabad, Dr Assad Hafeez visited Rawalpindi to monitor the Second round of COVID-19 seroprevalence survey which aims at estimating the prevalence of infection's antibody in the community. Similar studies are

currently being conducted across many countries of the world.

Speaking on the occasion Dr Mahipala remarked “We are very excited to collaborate with NIH for Seroprevalence study. It is a united effort to gauge the spread of the virus in the community so that pandemic can be managed better”

Findings from this study will provide key insights into the actual burden of COVID-19 cases, virus transmission dynamics, COVID-19 epidemic trajectory and potential recommendation for prevention and treatment measures in the short and long term. Its finding will help the Government and policymakers to strategize their Corona Response policy.

WHO endeavours are praiseworthy to stop Coronavirus in Pakistan. Certainly, WHO support has helped Pakistan's government to manage this response strategically.

## Need for Resilient Health Systems to Manage Pandemics

COVID – 19 has impacted the delivery of essential health services and demonstrated the need for strengthening the health system to make them more resilient not only to expand the healthcare delivery base for the provision of routine healthcare services but also for early detection of new outbreaks and epidemics and for timely action to minimize their impact. The health systems team at WHO remained fully engaged during the COVID-19 response to provide its technical support for apt utilization of the existing health infrastructure and to plan activities for providing support for a coordinated and timely response.

These activities ranged from the workshops and consultative sessions to capacity building of health workforce for patient safety, family practice approach, community engagement, finalization of UHC Benefit Package and roll out of SARA survey in pilot districts for assessment of health facility availability, in term of physical and functional presence, and facility readiness to provide health care services, mainly for essential services package. Some of the key initiatives by the health system team are briefly described below:

### Endorsement of the Universal Health Coverage

#### Benefit Package of Pakistan - Essential Package of Health Services

The 12<sup>th</sup> National Five Year Plan 2018 - 23 (health chapter), National Health Vision 2016 – 25 and National Action Plan (2019-23) underscore the need to ensure the provision of good quality essential health care services to the people of Pakistan through a resilient and equitable health care system. National Health Vision for Pakistan provides a well thought out strategic framework for implementation of good governance parameters that can positively influence the achievement of health-related Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC) targets in Pakistan.

To transform the National Health Vision into reality, one of the key actions was to develop a UHC Benefit Package for Pakistan. The ‘UHC Benefit Package’ consists of i) Essential Package of Health Services (EPHS) at five platforms and ii) Inter-sectoral interventions/ policies. Pakistan is one of the first countries in the world to use the global review of evidence by Disease Control Priorities (DCP3) to inform the definition of its UHC Benefit Package. WHO Country Office

#### **UHC aims to cover health services by the Government funding through various platforms:**

- Community level
- Health facility level
- First level hospitals
- Referral level hospital
- Population based

provided technical support to the Government in finalization of UHC Benefit Package of Pakistan. The burden of disease, budget impact, efficiency, feasibility, fairness and socio-economic context were considered during the designing of an Essential Package of Health Services (EPHS).



The UHC Benefit Package has been endorsed by all provincial / area governments in a meeting held on 22 October 2020, with the following future step:

- a) Phased implementation of UHC BP / EPHS in 2 districts from each province and one from each federating areas (phase I)
- b) Provincial adaptation of UHC BP / EPHS
- c) Aligning EPHS with Sehat Sahulat Programme.

WHO is committed to supporting the implementation of the UHC Benefit Package / EPHS for attaining the objective of health and wellbeing of the population.

### **Global Action Plan (GAP) Accelerators Global Partnerships**

Through the Declaration of Astana, Member States have placed Primary Health Care (PHC) at the centre of efforts to achieve Universal Health Coverage and the SDG3 to ensure healthy lives and promote well-being for all at all ages. In bringing together its three interrelated components – multisectoral policy and action, empowered people and communities, and primary care and public health functions as the core of integrated health services – PHC provides an efficient, equitable and effective approach for countries to progress towards health for all.

Considering the dire need for PHC reforms and Government's recent commitments for the same, WHO has been supporting several initiatives for strengthening PHC in the country, including but not limited to technical and financial support for Family Practice Approach, Primary Health Care Measurement and Improvement Initiative, development and implementation of UHC Priority Benefit Package, Islamabad Capital Territory Model Healthcare System for UHC, an

**WHO is supporting MoNHSR&C to effectively address the challenges in GAP accelerators through:**

- PHC strengthening
- Health financing

integrated people-centred Health Services initiative, and several activities for private sector engagement. Further, WHO will be deploying its multiple interventions in an integrated manner in 5 districts of Pakistan for developing “model demonstration sites” in the next two years.

### **ToT Workshops on Patient Safety Friendly Hospital Framework**

Patient safety is a global health concern, affecting patients in all health care settings, whether in developed or developing countries. Providing safe health care for patients is fundamental, however, studies have shown that globally around 1 out of 10 hospitalized patients suffer from unsafe care. It is unfortunate that unsafe health care services still lead to 134 million adverse events per annum in low- and middle-income countries, resulting in nearly 2.6 million deaths. Evidence shows that in the Eastern Mediterranean Region up to 18% of hospital admissions are associated with adverse events; 80% of which are considered preventable.

WHO is therefore prioritizing patient safety to improve the overall quality and safety of health care in the Region. The Patient Safety Friendly Hospital Initiative (PSFHI) was launched in 2011 with the publication of the first edition of the Patient Safety Assessment Manual. With later revisions and updates, this WHO-led initiative was developed into the Patient Safety Friendly Hospital Framework (PSFHF) to promote patient safety practices in health care facilities as a core element of services provided. In the third edition, the total number of assessment criteria is 134 which consist of five domains; leadership and management patient and public involvement, safe evidence-based clinical practice, safe environment and life-long learning. Each domain comprises of several standards (total 21 standards); which are further classified into three sections; critical, core and developmental.

**WHO Key Interventions to strengthen Healthcare**

- Patient Safety Friendly Hospital Initiative (PSFHI)
- Patient Safety Friendly Hospital Framework (PSFHF)

TOT workshop provides guidance on “know how” and “know do” for the implementation of PSFHF standards. The approach for implementation includes a field visit to one selected hospital to illustrate the methodology for the identification of gaps and priorities. Health systems team recently conducted two back- to-back ToT workshops for capacity building of hospital administrators from north Punjab (20-22 October 2020) and south Punjab (26-28 October 2020). The provincial health department has identified 6 hospitals to enroll in the PSFHF program and WHO organized a one-day meeting on 23 October 2020 to develop the hospital improvement plan and P&SHCD requested WHO for technical support in the term of internal and external assessment. In coming months, similar trainings are planned in remaining provinces for capacity building of hospital managers.



## **Strengthening Primary Health Care (PHC) Initiatives in Kasur, Punjab**

Pakistan is highly committed to achieving health-related SDG for the promotion of health and wellbeing of its population. WHO Pakistan is complementing the country's efforts in establishing a robust set up for the provision of healthcare services to the population at PHC level.

Family Practice is a medical speciality concerned with the provision of comprehensive healthcare services to individuals and families at the primary healthcare level. Family physicians play a vital role in the recognition of the signs and symptoms of a disease, initial diagnosis, appropriate intervention and plan for action on the first contact. To address the health issues at primary level, the Government of Pakistan proposed a model of Family Practice (FPA) in 12 districts in early 2017, distributed in all provinces to provide essential healthcare services at Basic Health Units (BHUs) for filling gaps. FPA pilot started in 12 selected districts in 2018.

On 29 October 2020 an "Orientation and Planning Workshop" was conducted for strengthening PHC initiatives in demonstration district of Kasur, Punjab which mainly focused

**WHO conducted  
"Orientation and  
Planning Workshop"  
for strengthening PHC Initiatives  
in Punjab mainly focused on**

- Family Practice Approach
- Community Engagement
- Services Availability & Readiness Assessment (SARA)

on; a) Family Practice Approach, b) Community Engagement and c) Services Availability and Readiness Assessment (SARA). Planning of PHC activities by the District Government of Kasur was completed during the workshop including identification of activities, timeline & cost of activities. From November 2020 PHC activities will be initiated in Kasur.

## **Services Availability and Readiness Assessment (SARA) Rollout for Provinces in Pakistan**

Assessment of healthcare facilities availability, in terms of physical and functional presence, and facility readiness to provide health care services, mainly for essential services package, are essential data sources for monitoring health system capacity to respond to population needs and monitoring health system performance over time, as well as to provide up-to-date data for planning. As internationally recommended, SARA survey is advised to be implemented in periodic intervals before health sector planning (i.e HR, essential services, drug supply and equipment) and to provide baseline data to detect changes and monitor progress.

A Memorandum of Understanding between the Government of Pakistan and WHO was signed for developing a model healthcare system for UHC in Islamabad Capital Territory ICT, which reflects the strong commitment for achieving SDGs and enhancing UHC. SARA survey assessment in ICT has been carried out to assess and monitor the availability and readiness of the health facilities. The evidence-based information collected during the survey assessment will

support the planning and management of health resources in an efficient and cost-effective manner. The same assessment will be replicated in demonstration districts of each province/area (Kasur, Charsada, Larkana, Kech, Kotli and Gilgit).

WHO Pakistan signed an agreement with the Health Services Academy to implement SARA tool in selected districts in collaboration with the Ministry of National Health Services, Regulation and Coordination MoNHSR&C and provincial health departments. Moreover, MoNHSR&C has agreed to pilot the UHC Benefit Package in the same districts and SARA survey will provide the baseline data for monitoring in future. An orientation meeting with Punjab Government on SARA survey tool for Kasur districts was held on 29 October 2020 attended by the representative of MoNHSR&C, HSA, DG Health Punjab, and CEO and medical superintendent and senior officials from the hospitals of Kasur. Similar Orientation meetings will be conducted in other districts soon. HSA is committed to complete the SARA survey roll-out in selected districts by the end of December 2020.

## **Research - Bringing together evidence to tackle COVID-19 and ensure continuity of essential health services**

The Pandemic provided an opportunity to set the ground for evidence-based decision making through regular data surveillance and analysis in Pakistan. National Command Operation Centre (NCOC) is regularly monitoring the data to review the disease/pandemic situation and make decisions for response measures (lockdowns, provision of supplies and resources etc.) for effective response, which is a good precedent.

Pakistan is an excellent case study for an in-depth analysis of the measures taken by the Government to control the COVID-19 and its approach regarding the continuation of other essential health services for sharing the experience with other countries. An impact assessment study can be

done to find out the overall impact of the measures on reduction in the number of cases and deaths due to COVID-19, as well as on continuity of essential services. Furthermore, it's the ripe time to convince the policymakers, managers/implementers and researchers regarding the importance of the research in health (knowing the basics of the disease, therapeutic remedies and look for prevention measures, policy-making etc.) and investing in the health sector for the generation of local knowledge which supports evidence-based decision making.

Health systems team is planning to hold a consultative session for promotion of research and setting health sector research priorities in Pakistan before the end of 2020.

## Rapid Antigen Testing

Rapid Antigen tests have recently become available for SARS-CoV-2 diagnostics. They have a rapid turnaround time, which is critical to the identification of SARS-CoV-2 infection and rapid implementation of infection prevention and control strategies. These tests can augment other testing strategies, especially in settings where RT-PCR testing capacity is limited or testing results are delayed due to long sample transportation and laboratory turnaround times.

Rapid antigen tests offer multiple operational benefits in comparison to RT-PCR tests for detection of SARS-CoV-2. Rapid antigen tests have been developed as both laboratory-based tests and for near-patient use (point-of-care), and results are usually generated in 10 to 30 minutes. Even though these POC antigen tests have lower sensitivity as compared to reverse-transcriptase polymerase chain reaction (RT-PCR) tests, they have high specificity (>97%), comparable to molecular testing, for SARS-CoV-2 detection in pre-symptomatic and early symptomatic cases (up to five days from symptom onset; or low RT-PCR cycle threshold (Ct) value <25), associated with significant transmission potential.

Rapid antigen tests generally offer low-cost testing and relatively simple handling. Due to the timeliness of results, rapid antigen tests can provide added value e.g. in the patient triage process in healthcare settings at admission. In the context of contact tracing, rapid antigen tests can allow for more rapid identification of infectious contacts. Several countries that started to use rapid antigen tests target early detection of COVID-19 cases, i.e. testing



individuals with COVID-19-compatible symptoms early after disease onset.

There are also some operational drawbacks associated with the use of rapid antigen tests. Sampling for detection of SARS-CoV-2 by rapid antigen test relies mostly on nasopharyngeal specimens, or as indicated by the manufacturers. Based on current guidance, these specimens require professional sampling and the use of personal protective equipment during sampling and processing. Self-sampling is not currently clinically validated for rapid antigen tests. Unlike RT-PCR, rapid antigen tests lack controls for confirmation of appropriate sampling. As each rapid antigen test has to be processed individually, analysis of large volumes of specimens simultaneously is difficult. An additional drawback with the rapid antigen tests is that the specimens are not necessarily shipped to public health laboratories for further characterisation, such as sequencing.

### Current WHO Guidance recommends the following scenarios for use of COVID-19 Ag-RDTs include the following:

- To respond to suspected outbreaks of COVID-19 in remote settings, institutions and semi-closed communities where molecular testing/RT-PCR is not immediately available. Positive Ag-RDT results from multiple suspects are highly suggestive of a COVID-19 outbreak and would allow for early implementation of infection control measures. Where possible, all samples giving positive Ag-RDT results (or at least a subset) should be transported to laboratories with RT-PCR capability for confirmatory testing.
- To support outbreak investigations (e.g. in closed or semi-closed groups including schools, care homes, cruise ships, prisons, work-places and dormitories, etc.) In COVID-19 outbreaks confirmed by PCR testing, rapid antigen tests can be used to screen at-risk individuals and rapidly isolate positive cases (and initiate other contact tracing efforts) and prioritize sample collection from RDT-negative individuals for NAAT.
- To monitor trends in disease incidence in communities, and particularly among essential workers and health workers during outbreaks or in regions of widespread community transmission where the positive predictive value and negative predictive value of an Ag-RDT result is sufficient to enable effective infection control.
- Where there is widespread community transmission, RDTs may be used for early detection and isolation of positive cases in health facilities, COVID-19 testing centres/sites, care homes, prisons, schools, front-line and health-care workers and contact tracing. Note that the safe management of patients with RDT-negative samples will depend on the RDT performance and the community prevalence of COVID-19. A negative Ag-RDT result cannot completely exclude an active COVID-19 infection, and, therefore, repeat testing or preferably confirmatory testing (NAAT) should be performed whenever possible, particularly in symptomatic patients.
- Testing of asymptomatic contacts of cases may be considered even if the Ag-RDT is not specifically authorized for this use since asymptomatic cases have been demonstrated to have viral loads similar to symptomatic cases, though, in that situation, a negative Ag-RDT should not remove a contact from quarantine requirements.

WHO recommends that rapid antigen tests that meet the minimum performance requirements of  $\geq 80\%$  sensitivity and  $\geq 97\%$  specificity can be used to diagnose SARS-CoV-2 infections in a range of settings where RT-PCR is unavailable or where an excessive turnaround time would preclude clinical and public health utility of results. At present, WHO Emergency Use Listing (EUL) for in vitro diagnostics currently includes two rapid antigen kits. Currently, seven rapid antigen tests that have received EUAs from the FDA are authorized for diagnostic testing on symptomatic persons within the first five to twelve days of symptom onset.

### References

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## Resumption of RMNCAH Services during COVID-19

Like the global community, Pakistan is also facing the brunt of the COVID-19 pandemic. With the pandemic came the issue of governmental decisions to lock down the socio-economic activities and ensure social distancing to restrict the spread of infection as per WHO advisory. As an after effect, routine healthcare delivery services were badly affected both at community and facility levels. The situation got further complexed as the health system had to gear its focus towards managing the COVID-19 cases and diverting all available resources for necessary preparedness and response capacity. This had impacted all essential healthcare including reproductive, maternal, newborn, child and adolescent healthcare (RMNCA) in the country.

Among these essential RMNCAH services, maternal healthcare including antenatal care, delivery care, postnatal care and contraceptive services were already facing chronic systemic challenges and became further compromised during the peak of the pandemic. A recent analysis of health information system by the Ministry of NHR&C with support from WHO country office has shown a significant decline in the antenatal care, postnatal care, facility delivery, C-sections and uptake of modern contraceptives (pills and injectable) during April to July 2020 as compared to the same timeframe in the year 2019. The trend has started to increase and catch-up with that of 2019, however, the recent second wave has raised further concerns and challenges.

WHO has supported the efforts of MoNHR&C, Government of Pakistan and the provincial counterparts in ensuring continuity of essential RMNCAH services using a multi-pronged approach. In the short term, the global interim guidance on the continuation of essential RMNCAH services was adapted and disseminated along with clinical management guidelines on COVID-19 in pregnancy and in children. The case reporting form was also contextualized and made available online for easy access and data entry by clinicians. Capacity building of clinicians on the clinical management guidelines has been undertaken through the professional associations like Society of Obstetricians and Gynecologists of Pakistan, Midwifery Association of Pakistan and the Pakistan Pediatrics Association.

To ensure capacity building of healthcare providers during

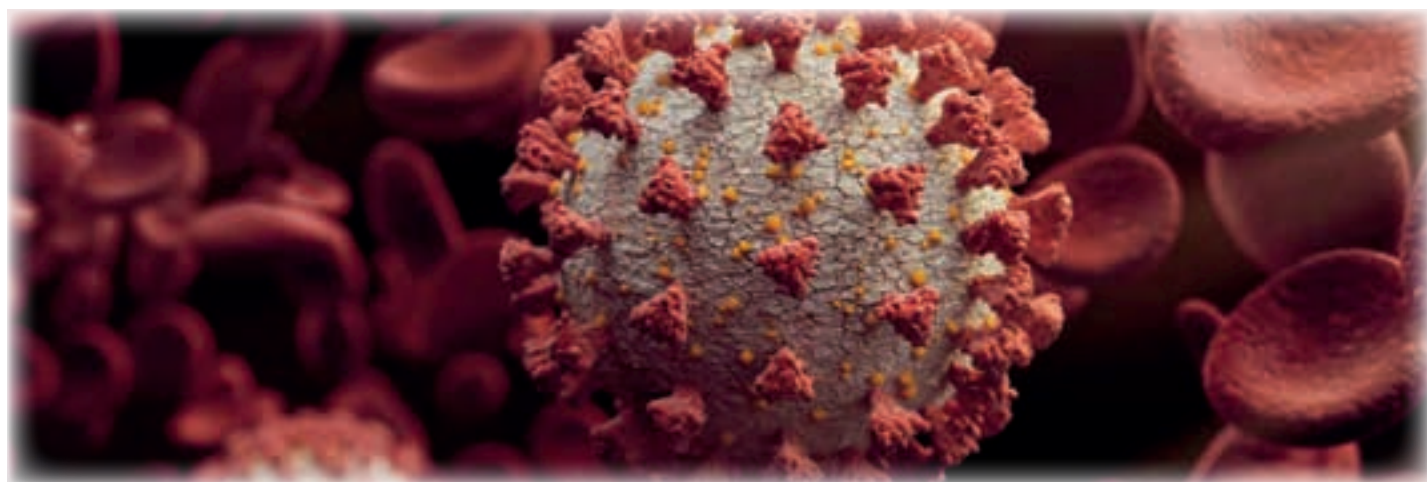


the pandemic, virtual training modality was adapted and a virtual training package on sexual and reproductive health was developed for telemedicine providers. The series of training was conducted at Islamabad and in all four provinces using the virtual training package. To ensure the availability of a self-learning tool for skill building of mid-level healthcare providers and improving the quality of essential RMNCAH services with special focus on COVID-19 precautions, an online training course on RMNCAH is in developing phase. Continued support is ensured towards the efforts on Universal Health Coverage and ensuring the inclusion of all essential Sexual and Reproductive Health interventions in the Benefits Package. A pilot is also underway to include OPD insurance coverage for essential SRH services through the platform of Sehat Sahulat Programme of the Government of Pakistan. The results will inform the SSP programme's technical expansion to include OPD insurance besides the current focus on in-patient healthcare services.

WHO has supported the HPSIU team at the Ministry of NHR&C in conducting a detailed analysis of the available data to assess the impact of COVID-19 on essential RMNCAH services and to determine the numbers of lives that could be saved provided that essential services are continued. This is being used as an advocacy tool for informing the policies and programming during the second wave of COVID-19 in the country for an effective response.



## New SARS-CoV2 Variant



On 14 December 2020, authorities of the United Kingdom of Great Britain and Northern Ireland reported to WHO that a new SARS-CoV-2 variant has been identified through viral genomic sequencing. This variant is referred to as SARS-CoV-2 VUI 202012/01 (Variant Under Investigation, the year 2020, month 12, variant 01).

The variant was picked up as part of an epidemiological and virological investigation initiated earlier in December 2020 following an unexpected rise in COVID-19 cases in South East England. As of 13 Dec 2020, a total of 1108 cases infected with SARS-CoV-2 VUI 202012/01 have been detected in the United Kingdom. The variant is defined by the presence of a range of 14 mutations resulting in amino acid changes and three deletions. Since the first report, the variant with these mutations has been reported from several countries in Europe, South Africa and Australia.

Some of these mutations may potentially influence the transmissibility of the virus in humans as they occur in the receptor-binding domain of the spike protein. Laboratory studies are ongoing to determine whether these variant viruses have different biological properties or alter vaccine efficacy. There is not enough information at present to determine if this variant is associated with any change in

### WHO Risk Assessment

The authorities in the United Kingdom are conducting epidemiological and virological investigations to further assess the transmissibility, infection-severity, risk of reinfection and antibody response of this new variant. As one of the mutations (N501Y) is in the receptor binding domain, the authorities are urgently investigating the neutralization activity of sera from recovered and vaccinated patients against this variant to determine if there is any impact on vaccine performance.

Genomic data of this variant has been uploaded to GISAID by the authorities of the United Kingdom and genomic surveillance of the virus continues across the country to monitor the situation. On 19 December 2020, authorities

the severity of the clinical disease, antibody response or vaccine efficacy.

Among these possibilities, the last—the ability to evade vaccine-induced immunity—would likely be the most concerning because once a large proportion of the population is vaccinated, there will be immune pressure that could favor and accelerate the emergence of such variants by selecting for “escape mutants.” There is no evidence that this is occurring, and most experts believe escape mutants are unlikely to emerge because of the nature of the virus.

Another possible implication of some mutations is the loss of performance of PCR assays that target the spike (S) gene of the virus. Laboratories using in-house PCR assays that target the S gene of the virus should also be aware of this potential issue. Laboratories using commercial PCR kits for which the targeted viral genes are not clearly identified in the manufacturer’s instructions are advised to contact the manufacturer for more information. To limit the impact on the detection capacities in the countries, an approach using different assays in parallel or multiplex assays targeting different viral genes is also recommended to allow the detection of potential arising variants.

in the United Kingdom announced that affected areas would be subject to Tier 4 restrictions including reduced social gatherings, tighter movement restrictions, requests to work from home wherever possible, and closures of non-essential businesses.

Many other countries have since then reported the detection of the variant strain in persons with a history of travel to the UK as well as indigenous cases. Travel restrictions have been put in place by many countries including a travel ban for UK flights, mandatory molecular testing guidance or increase in quarantine after arrival up to 21 days.



## WHO Advice

The preliminary findings by the United Kingdom signal the broader issue of SARS-CoV-2 virus mutations, and WHO underscores the importance of prompt sharing of epidemiological, virological and full genome sequence information with other countries and research teams, including through open-source platforms such as GISAID and others.

WHO advises that further epidemiological and virological studies be conducted to understand the specific mutations described by the United Kingdom and other countries to further investigate any changes in the function of the virus in terms of infectivity and pathogenicity. WHO advises all

countries to increase the routine sequencing of SARS-CoV-2 viruses where possible, and sharing of sequence data internationally, in particular, to report if the same mutations of concern are found.

All countries need to assess their level of local transmission and apply appropriate prevention and control activities including adapting public health and social measures as per WHO guidance.

It is important to remind communities and health workers of the basic principles to reduce the general risk of transmission of acute respiratory infections:

- Avoiding close contact with people suffering from acute respiratory infections;
- Frequent hand-washing, especially after direct contact with ill people or their environment;
- People with symptoms of acute respiratory infection should practice cough etiquette (maintain distance, cover coughs and sneezes with disposable tissues or clothing, and wash hands);
- Within healthcare facilities, enhance standard infection prevention and control practices in hospitals, especially in emergency departments; and
- Wearing masks where appropriate and ensuring good ventilation.

WHO recommends the health measures as listed above for all travellers, including to and from the United Kingdom. In case of symptoms suggestive of acute respiratory illness either during or after travel, travellers are encouraged to seek medical attention and share their travel history with their health care provider. Health authorities should work with travel, transport, and tourism sectors to provide travellers with information to reduce the general risk of acute respiratory infections, via travel health clinics, travel agencies, conveyance operators, and at points of entry.

In line with the advice provided by the Emergency Committee on COVID-19 at its most recent meeting, WHO recommends that States Parties should regularly re-consider measures applied to international travel in compliance with Article 43 of the IHR (2005) and continue to provide information and rationale to WHO on measures that significantly interfere with international traffic. Countries should also ensure that measures affecting international traffic are risk-based, evidence-based, coherent, proportionate and time-limited.

WHO has recently published interim guidance – **"Considerations for implementing a risk-based approach to international travel in the context of COVID-19"**, to provide countries with a risk-based approach to the decision-making process for calibrating travel-related risk mitigation measures in the context of international travel, aiming at reducing travel-associated exportation, importation and onward transmission of SARS-CoV-2 while avoiding unnecessary interference with international traffic.

WHO recommends that countries take a risk-based approach. National authorities are encouraged to publish their risk assessment methodology and the list of departure countries to which restrictions apply, and these should be updated regularly. In all circumstances, essential travel (e.g., emergency responders; providers of public health technical support; critical personnel in transport and security sector such as seafarers; repatriations; and cargo transport for essential supplies such as food, medicines, and fuel) identified by countries should always be prioritized and facilitated.

## News and Photo Gallery

### Support for Geriatric Care Management

Geriatric care is our responsibility to ensure a healthy society. The studies have shown that older people are more vulnerable to highly contagious Corona. The services provided to the elderly have been disrupted to a significant extent due to pandemic. The geriatric care and palliative care have to bear the brunt of the harrowing repercussions of this humanitarian global crisis on mortals. Pandemic has brought severe challenges for elderly care as older people desire to cherish company more than young which is becoming difficult in these dark times. The need of the hour is to modify our interaction with old people in a way that complies with the SOPs as well as fulfil their emotional and physical needs.

WHO Pakistan in collaboration with the Ministry of National Health Services, Regulations & Coordination and Social Protection Resource Center commemorated the 30th International Day of Older People at Ramada Hotel, Islamabad. WHO Pakistan Representative, Dr Palitha Mahipala along with Parliamentary Secretary for Ministry of Health, Dr Nausheen Hamid participated in the inaugural session.

Speaking on the occasion Dr Mahipala said "The effect of Corona is more severe on older people. It is important to make older people feel safe and secure in these anxious times. We are concerned about the health and mental wellbeing of old people. The people who are responsible for their care need to take extraordinary precautions. The dire need of the time is to build safe communication channels to ensure that they have all the necessary medications and supplies as well as to check on their health condition"

During the occasion, WHO Pakistan launched the Annual Report "Old-Age Wellbeing in Pakistan" for 2020. The celebration underscored the health needs of an ageing population, appreciated the role of the health care workforce in maintaining and improving the health of old people and informed participants about the strategic objectives for the Decade of Healthy Ageing.



WHO Pakistan Representative, Dr Palitha Mahipala along with Parliamentary Secretary for Ministry of Health, Dr Nausheen Hamid launching the report "Old age well being in Pakistan" during commemoration of International Day of Older People



WHO Pakistan Representative, Dr Palitha Mahipala along with Parliamentary Secretary for Ministry of Health, Dr Nausheen Hamid with participants



## WHO hands over Infection, Prevention and Control Supplies to PIMS

WHO Country Representative Pakistan Dr Palitha Mahipala handed over Infection Prevention and Control (IPC) supplies to Executive Director Pakistan Institute of Medical Sciences (PIMS) Islamabad, Dr Ansar Maqsood and Senior Manager Khyber Teaching Hospital (KTH) Peshawar Dr Farman Ali. PIMS & KTH are IPC demonstration sites where WHO provides support for making these hospitals models of excellence in the Infection, Prevention and Control practices. The handing over ceremony took place at WHO, Islamabad Office.



WHO Country Representative Pakistan Dr Palitha Mahipala hands over Infection Prevention and Control (IPC) supplies to Executive Director Pakistan Institute of Medical Sciences (PIMS) Islamabad, Dr Ansar Maqsood and Senior Manager Khyber Teaching Hospital (KTH) Peshawar Dr Farman Ali. Incident Manager, Dr Michael Lukwiya also present at the occasion

“A well-orchestrated Infection Prevention and Control program helps minimize the occupational Health and safety risks to many folds for patients, health care workers and visitors. IPC programmes can make healthcare safer and efficient,” said Dr Palitha Mahipala during his speech on the occasion.

Dr Ansar said: “The WHO Pakistan has provided the necessary support to limit the spread of COVID-19 while strengthening our Health System to respond to future pandemics. We highly appreciate the way WHO has mobilized promptly to support Pakistan’s response activities and the implementation of a preparedness plan to manage the COVID-19 outbreak,”

Dr Farman Ali, Senior Manager KTH has expressed his gratitude to WR for WHO’s support in revamping IPC in KTH. Dr Palitha has lauded the valuable services of both the hospitals and assured them of WHO continuous support in his concluding remarks.

## World Mental Health Day

WHO Pakistan in collaboration with Institute of Psychiatry, Rawalpindi Medical University, Rawalpindi celebrated the World Mental Health Day with all the fervour at RMU, Rawalpindi. WHO Country Representative, Dr Palitha Mahipala along with VC Rawalpindi Medical University, Professor Dr Muhammad Umar inaugurated the session. During his speech, Dr Mahipala delineated the significance of Mental Health Day and mental health impact on our daily lives during COVID-19 pandemic. He emphasized explicitly the need to obliterate the stigma attached to mental health and the importance of investing in mental health projects for awareness. We need to improve the accessibility, quality and affordability of mental health services. Further, he added that health needs to be considered as a state of well-being rather than the absence of disease.



HOD of the Institute of Psychiatry, Prof Tamizuddin, WHO Pakistan Representative, Dr Palitha Mahipala, VC RMU, Prof Dr Muhammad Umar and DIG Prisons, Mr Shoukat celebrating the Mental Health Day

During the ceremony, Dr Mahipala launched the mental health study project titled “Developing and Evaluation an adapted Behavioral Activation intervention for people with Depression and Diabetes in South Asia”. At the end of the ceremony, a shield of recognition was presented to WHO Representative, Dr Mahipala for his strenuous efforts to support Pakistan during COVID-19 Pandemic. The Chairman of the Institute of Psychiatry (Rawalpindi Medical University) Prof. Assad Tamizuddin and DIG prisons (Rawalpindi Region) Mr Shoukat presented the shield to Dr Mahipala.

## WHO Assures Pakistan of Sustained Support to Fight Coronavirus

WHO is at the forefront of coordinating and planning concerted efforts to support the Government of Pakistan in this COVID-19 emergency. It has taken several comprehensive measures to collaborate with the government and sculpted a coordinated response strategy to the COVID-19 pandemic and it would continue to provide all possible support to Pakistan amid the coronavirus situation.

WHO Pakistan Representative, Dr Palitha Mahipala along with his team visited the Khyber Teaching Hospital, Peshawar. Director of Khyber Teaching Hospital (KTH), Dr Tahir Nadeem welcomed the Representative of WHO. The Clinical In-charge, Dr Muhammad Asghar briefed Dr Palitha Mahipala about the Public Health Laboratory (PHL) MTI KTH Peshawar. Dr Asghar

appreciated timely and invaluable assistance by WHO to the Government of Pakistan to formulate the strategic Corona preparedness and response plan to stop the viral crisis which has halted life everywhere unequivocally. He also acknowledged the WHO's support to the PHL for the COVID-19 Pandemic by highlighting the donation of two POKKIT fully automated PCR machines, one Real-time PCR machine and continuous supply of reagents and Viral Transport Medium (VTM). He briefed the WR about the continuous efforts to scale-up the capacity of PHL for detection, prevention and control of various diseases and requested WHO's support.

Speaking on the occasion Dr Mahipala said "We are with Pakistan in this moment of Global Health Crisis. We will continue to support Pakistan to help it control the pandemic. Our priority is the health and well-being of all people affected by this deadly disease. In these unprecedented times, we must come together to comfort each other and support all of those who have suffered."

The Director KTH Dr Tahir Nadeem appreciated Dr Mahipala's steadfastness in the face of health crisis and WHO's arduous support to Pakistan during Floods and Dengue.



WHO Pakistan Representative, Dr Palitha Mahipala and Director KTH, Dr Tahir Nadeem during the handing over ceremony of PCR Machines

## WHO Efforts to End and Respond to Violence against Women

Every year WHO celebrates 16 Days of Activism against Gender-Based Violence with zeal and zest. It is an international campaign that takes place each year around the world. It commences on 25 November, the International Day for the Elimination of Violence against Women, to 10 December, Human Rights Day, underscoring the gravity of violence against women which is plaguing every stratum of society unequivocally.

WHO is working closely with the Government of Pakistan to sensitize and aware the people on GBV issue, its impacts and discriminatory social behaviors and practices that reinforce GBV in family and society. WHO pledges for GBV elimination, prevention and response at policy, budgetary, legislation, programming and advocacy level.



Illumination of WHO Country Office, Islamabad during 16 days of activism against Gender-Based Violence



## EMRO Mission Visit



WHO Pakistan Representative, Dr Palitha Mahipala, with EMRO Mission at WHO Country Office Islamabad.

A team of WHO experts from regional office arrived in Pakistan to conduct a qualitative analysis of the COVID-19 response and provide technical assistance in strategic planning in the short, mid and long term in the areas of laboratory diagnosis, surveillance and service continuity to optimize the WHO contribution to a stronger, more resilient health system in Pakistan. WHO Pakistan Representative, Dr Palitha Mahipala and his team welcomed the WHE mission. Dr Palitha briefed the mission on the current COVID-19 situation, the Government of Pakistan response and WHO contributions for the Pandemic control efforts in the country.

### Visit to Balouchistan

A joint mission of WHO Country Office Pakistan and Ministry of National Health Services Regulations and Coordination (NHSR&C) visited Quetta, Balochistan to assess the Children Hospital Quetta for up-gradation of a Nutrition Stabilisation Centre and establishment of Nutrition Training Center. The mission visited the Sandeman Hospital at the request of Provincial Nutrition Directorate as a potential site to establish a Nutrition Stabilization Center. The mission met the Parliamentary Secretary Health Balochistan, Dr Rubaba Buledi, and briefed her on WHO's ongoing support and plans to mitigate health system challenges impeding sustained delivery of quality lifesaving nutrition services through the Nutrition Stabilization Centers.

## Launch of Corona Response Report



WHO Pakistan Representative, Dr Palitha Mahipala, with EMRO Mission during the launch of Covid-19 response report.

WHO Pakistan representative, Dr Palitha Mahipala along with the Eastern Mediterranean Regional Office (EMRO) Mission Team lead / Director DCD, Dr Yvan Jean Francois Hutin has launched the WHO nine months report on COVID-19 Response in Pakistan. The objective of the report is to document the WHO support for COVID-19 response in Pakistan, accentuate the challenges and way forward to further strengthen the COVID-19 response. The report covers the following nine pillars of the SPRP: (1) Planning and Coordination, (2) Risk Communication and Community Engagement, (3) Surveillance and case investigation (4) Point of Entry, international travel and transport, (5) laboratory diagnosis, (6) Infection Prevention and Control, (7) case management, (8) operational support and (9) Continuity of essential health services.

## Public Health Emergency Operation Centre for Disease Surveillance

Covid-19 Pandemic has made us face the new norms of life and adapt to new constraints. It has exposed the limited human capacity to avert calamity. With all the advancement in science and technology, mankind is still unable to predict natural disasters or gauge their impact on human life. But what is in the hand of mankind is its readiness and alertness to respond to the adversity which ensures lessening the human affliction. This pandemic has also highlighted chasms in our health systems and the immediate need to fill them by revamping our health policy and remodelling our health systems. It is incumbent upon the Governments to formulate the health policies which focuses on "Health for all" keeping the new realities of life in view due to pandemic. The Government of Pakistan is also trying to adjust to the new reality and reframe its health Policy to cope with the Corona. WHO Pakistan is at the forefront in coordinating and planning concerted efforts to support the Government in these dire times and sculpt a rapid and timely response mechanism to the COVID-19 pandemic.

WHO Pakistan representative, Dr Palitha Mahipala along with Directorate of Health Services (DHS) of Metropolitan Corporation Islamabad (MCI), Dr Hassan Orooj inaugurated the Public Health Emergency Operation Centre for integrated disease surveillance, a central location for all types of public health emergencies under one roof at Health Directorate, MCI in Islamabad. During the inauguration session, Dr Palitha appreciated the concept and establishment of the emergency

operation centre and underscored the significance of central place which would help in coordinating operational information and resources for the strategic management of public health emergencies and humanitarian crisis and the vital role it would play to control various diseases in the beginning. DG Health, Dr Orooj expressed his gratitude to WHO for the continued support being rendered to Pakistan in combating the COVID-19 outbreak and the steady support provided during the response to the 2019 dengue epidemic in the country.



WHO Pakistan representative, Dr Palitha Mahipala and Directorate of Health Services (DHS) of Metropolitan Corporation Islamabad (MCI), Dr Hassan Orooj during the inauguration ceremony



WHO Pakistan representative, Dr Palitha Mahipala and Directorate of Health Services (DHS) of Metropolitan Corporation Islamabad (MCI), Dr Hassan Orooj with staff



## WHO Resumes its Battle Against Polio

WHO has renewed Polio eradication campaign all over Pakistan with full zeal and zest. It has introduced necessary adjustments in the operational plan of Polio Campaigns to reduce the risk of transmission of coronavirus by providing the teams with masks and hand sanitizers.

WHO Pakistan Representative, Dr Palitha Mahipala visited Sargodha district of Punjab to monitor Polio Campaign of Supplementary Immunization Activities (SIA) 2020 in the field. During his visit to Tehsil Headquarters Hospital Bhalwal and Rural Health Centre Luliani, he met Medical Superintendent (MS) of THQ hospital, Dr Khalid Gondal who acknowledged the strong leadership of Dr Mahipala and innovative ways to carry out the Polio Campaign and also

thanked him for steady support for the eradication of Polio and control of Coronavirus.

Speaking on the occasion Dr Mahipala said “Pakistan has reached close to win the battle against Polio. We are supporting the Government to achieve this daunting milestone. Our Polio Teams are working with full commitment and perseverance. But we also need the support of Pakistani people.” He also paid homage to the frontline Polio campaign workers who are the real heroes as they are putting their lives at risk for the children of Pakistan.



WHO Pakistan Representative, Dr Palitha Mahipala visited THQ hospital Bhalwal and Rural Health Center Luliani of District Sargodha, Punjab

## Persistent Support to Afghan Refugees in Pakistan by WHO

WHO Pakistan Representative, Dr Palitha Mahipala along with his team visited the Secretary Health, Khyber Pakhtunkhwa to handover Assistive Devices to the Health Department for distribution among refugees and host communities to address their health and protection needs.

Speaking on the occasion Dr Mahipala said “I am brimmed with joy to be part of this project which focuses on improving the quality life of elderly Afghan refugees and host communities with disabilities. WHO stands firm in its commitment to continue supporting such endeavours”



WHO Country Representative, Dr Palitha Mahipala and Special Secretary Health Khyber Pakhtunkhwa, Mr Aamir Afaq during the handing over ceremony of Assistive Devices

The US Department of States’ Bureau of Population, Refugees and Migration supported the WHO to launch the project “Protecting Rights of Older People with Disabilities (PROD) successfully. The program focused on persons aged 60 or above with disabilities, chronic diseases, mental issues and trauma or survivors of gender-based abuse. It ensured comprehensive healthcare delivery and protection package to improve the health and wellbeing of targeted people.

Representatives of Paraplegic Center, Helping Hand, PIPOS, AIMS and UNHCR participated in the handing over ceremony. Special Secretary Health, KP, thanked WHO for its continued collaboration and assistance provided to the Government of Khyber Pakhtunkhwa in emergencies, Polio Eradication Initiative, COVID-19 Pandemic response including the provision of medical and rehabilitation equipment.

## Efforts Escalated by WHO for Eradication of Polio



WHO Pakistan representative, Dr Palitha Mahipala, Maj.Gen. Ahsan Satti, Secretary Health AJK, Dr Fida Hussain during the field visit and handingover ceremony.

To achieve the goal of “Polio Free Pakistan” WHO has escalated its efforts to many folds. It has renewed Polio eradication campaign all over Pakistan with full commitment. Keeping the current pandemic in view, WHO Pakistan has modified the strategic and operational plan of Polio Campaigns and provided the teams with masks and hand sanitizers.

WHO Pakistan Representative, Dr Palitha Mahipala along with Deputy Team Lead Polio, Dr Ibrahim Yalahow visited Mirpur in Azad Jammu & Kashmir (AJK). During the visit, Dr Mahipala met Permanent Transit Team (PTP) of Polio and observed working of the team. The team briefed Dr Mahipala about the hurdles in the field during vaccine drives and socio-culture barriers to immunization, myths and misconceptions marring polio campaigns.

Understanding the critical situation regarding Polio and to accelerate the efforts to carry out vaccine campaigns in time, Dr Mahipala inaugurated Sub National Immunization Days (SNIDs) of October 2020 at Mangla PTP, Mirpur. Speaking on the occasion Dr Mahipala said “Our aim is to find every single child under the age of five years and vaccinate him against Polio. Our support is with the Government of Pakistan to eradicate this crippling disease. I am optimistic that day is not far when Pakistan will be Polio-Free and we will be celebrating that victory. But to achieve this milestone we need the support of Pakistani people”

During the meeting with Secretary Health AJK, Maj. Gen. Ahsan Satti, WHO Representative acknowledged the services provided by National Health Care workers during COVID-19 and remarked that Polio workers are our front line warriors who are waging the war fiercely against the Polio. He continued that they are standing steadfast in their positions, performing their duties with courage and deserve plaudits for carrying out the campaigns in these uncertain times. WHO realizes the critical role of health providers and practitioners as they are the beacon of hope for many who are in despair due to pandemic.

WHO Representative handed over emergency supplies worth 4.04 Million PKR to Mr Satti for AJK province. The donation included cardiac monitors, oxygen concentrators, resuscitation kits, suction machines, hand sanitizers, face mask, surgical cap/gown, goggles etc. The secretary health AJ&K extended his gratitude to Dr Mahipala for the incessant support to Pakistan during the pandemic and floods.



## Reframing the Non Communicable Diseases Agenda

The medical services to treat NCDs patients have been disrupted due to COVID-19 in many places. Right now the people's attention is riveted on the deadly COVID-19 all around the globe and it has taken a toll on patients who are suffering from NCD. They are unable to receive the essential care which is requisite to maintain their health and wellbeing. Unfortunately, studies have shown that they are at greater risk of contracting Corona. Enhancing efforts to prevent and control non-communicable diseases is one of the WHO's top priority.

WHO Pakistan Representative, Dr Palitha Mahipala along with Director General Health, Ministry of National Health Services, Regulations & Coordination inaugurated a one-day consultation session with the

NCD Technical Working Group to present a draft action plan on NCD and Mental Health at Ramada Hotel Islamabad. The objective of the consultation was to solicit suggestions and feedback from the participants from the provinces and formulate the strategy to accelerate the efforts for the implementation of the action plan.

Speaking on the occasion Dr Mahipala said "The halt in NCD services is detrimental and it will create more issues for people who are suffering from NCD in future. It will even result in late diagnosis in some cases which can worsen the situation. The need of the time is to restructure and modify our strategy for NCDs according to the current situation and to ensure that patients of NCD receive the care they need."

The consultation was attended by members of the Technical Working Groups on NCD and Mental Health, Provincial DGs and Focal Persons on NCDs and Mental Health from the provinces including AJK and GB, public health experts and representatives of civil society.



WHO Pakistan Representative, Dr Palitha Mahipala, DG Health MoNHSRC, Dr Safi Malik, Dy Director MoNHSRC, Dr Samara Muzahar and Director Of Baqai Medical University, Karachi Prof Abdul Basit during consultation session

## Building Laboratory Capacity to Strengthen Health Systems

WHO has played a significant role in responding to COVID 19 pandemic all over the world. Here in Pakistan, WHO efforts have proved rewarding and as a result testing capacity of National Laboratories has improved steadily. In March the testing capacity was less than 1000 tests per day by a total of 12 to 15 laboratories but afterwards, it has increased over 50,000 tests per day by a total of 129 laboratories which is an achievement in itself. In many resource-limited countries access to reliable laboratory testing is a big issue and it usually results in delayed diagnosis, misdiagnosis, ineffective treatment and poor standards which eventually lead to a weakening of the health system.

To ensure that laboratories effectively play their critical role in the detection, prevention and control of Corona Virus, WHO Country Representative Pakistan, Dr Palitha Mahipala handed over the donation of an assortment of laboratory supplies including 30,000 RNA extraction and 20,000 PCR tests kits to the Executive Director, National Institute of Health, Major General Aamer Ikram.

This donation aims to support COVID-19 diagnostic capacity at the National Reference Public Health Laboratory. Executive Director, NIH Mr Aamir expressed his gratitude to WHO for the continued support to NIH Pakistan in combating COVID-19 Pandemic.



WHO Country Representative in Pakistan, Dr Palitha Mahipala (2nd Left), Executive Director, National Institute of Health, Major General Aamer Ikram (2nd Right), Pathologist/Consultant Microbiologist, PHL, NIH, Dr Salman Ahmed (extreme left), Incident Manger, WHO Pakistan, Dr Michael Lukwiya (extreme Right)

## Country Cooperation Strategy (CCS 2020 – 2025)



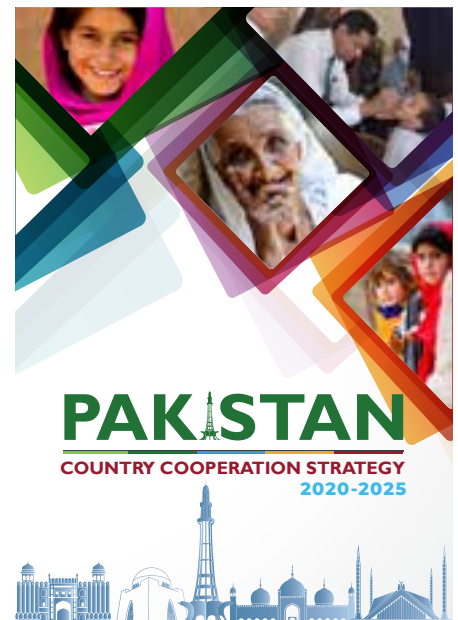
WHO Country Representative, Dr Palitha Mahipala and the honorable Special Assistant to Prime Minister on Health, Dr Faisal Sultan while signing Country Cooperation Strategy (2020 – 25) for Pakistan.

WHO Country Representative, Dr Palitha Mahipala and the honourable Special Assistant to Prime Minister on Health, Dr Faisal Sultan signed the Country Cooperation Strategy (2020 – 25) for Pakistan. The signing of this strategic document reaffirms the strength of the relationship between the WHO as part of the wider UN System and the Government of Pakistan. It advances the WHO's long history of collaboration with the country and underscores the commitment to work together toward agreed priorities for greater impact for better health of the population in Pakistan.

The Country Cooperation Strategy (CCS) reflects the medium-term vision of WHO for technical cooperation with the Government of Pakistan. It is aligned with Government's policies and plans (12th National Five Year Plan (2018 – 23), National Health Vision (2016 – 25), MoNHSR&C' Action Plan (2019 – 23), WHO's 13th General Programme of Work (GPW) 2019 – 23 and UN SDG Framework 2018 – 22. . The CCS is the result of analysis of the health and development situation of the country and of WHO's current programme of activities with wide stakeholder consultations and aims to bring together the strength of WHO support at country, regional and headquarters levels in a coherent manner to align with health priorities in Pakistan.

The CCS is structured around three strategic priorities to ensure healthy lives and wellbeing for all at all ages: including a) advancing universal health coverage, b) addressing health emergencies, and c) promoting healthier populations. The estimated funding required for supporting the Government of Pakistan in achieving these strategic goals over six years (2020-25) is USD 885 million. These strategic priorities will be supported by three strategic shifts in the WHO country office i.e. stepping up leadership, driving impact in the country, and focusing global public goods on impact.

WHO is committed to supporting the Government's efforts towards achieving Universal Health Coverage and health-related SDGs for a healthier population of Pakistan.





## Republic of Korea's Support to WHO for Strengthening Corona Response Efforts in Pakistan

The Government of South Korea provided in-kind assistance of worth US\$ 500,000 to WHO for strengthening the Corona Response efforts in Pakistan. Ambassador of the Republic of South Korea, H.E Mr Kwak Sung-kyu handed over the donation to WHO Pakistan Representative, Dr Palitha Mahipala. The handing-over ceremony took place at the WHO Country Office, Islamabad, Pakistan

South Korean donation included Real-time PCR Kit, Antigen Test Kits, Face Masks and Standard Covid-19 Combo Kits to support Corona Response efforts in Pakistan. This contribution will support WHO to build up immediate and rapid COVID-19 response mechanism and accelerate its efforts to support the Covid preparedness and response plan of the Government of Pakistan.



WHO Pakistan Representative, Dr Palitha Mahipala and Ambassador of the Republic of South Korea, H.E Mr Kwak Sung-kyu during handing over ceremony of donation for Corona response efforts

South Korea has been always supportive of WHO response and relief efforts to meet different health needs in humanitarian emergencies and disasters. In April 2020, it provided in-kind assistance of worth US\$ 300,000 to WHO to control the spread of COVID-19 in Pakistan. South Korean investing companies such as K-Water, KOEN and KOICA also provided support during the pandemic. Through South Korea and other partners' support, WHO has been able to support the government of Pakistan on COVID surveillance, point of entries, laboratory and diagnosis, epidemiological analysis, IPC and case management, and community mobilization and sensitization.

## Danish Ambassador and WHO Country Head, Discuss Pakistan Corona Situation

WHO Country Representative in Pakistan, Dr Palitha Mahipala met Danish Ambassador to Pakistan, Excellency, Ms Lis Rosenholm, at the WHO country office, Islamabad. During the meeting, Dr Mahipala briefed Ms Roseholm about the current situation of COVID-19, the Government's strategy of micro-smart lockdowns, contact tracing, isolation and Implementation of SOPs which are essential for controlling the spread of the virus. He also underscored the dire need to continue supporting the Government in responding to COVID-19 and maintaining the essential health services.

In her response, Ms Rosenholm expressed her gratitude to WHO Pakistan for the support it is providing in combating COVID-19 Pandemic and appreciated the persistent efforts of WHO's Leadership.



WHO Pakistan Representative, Dr Palitha Mahipala (right) and Danish Ambassador, Excellency Ms Lis Rosenholm (left) during meeting at WHO Country Office Islamabad.



## WHO Support to Leishmaniasis Control in Pakistan

WHO advocates an integrated approach to control Cutaneous Leishmaniasis which is a tropical disease of the skin and provides support to enhance the country's capacity to diagnose, prevent, control and for its treatment. The less attention and awareness about it is causing other issues such as anxiety, depression, stigmatization to people who suffer from it.

WHO Country Representative in Pakistan, Dr Palitha Mahipala visited Peshawar to inaugurate a two days workshop on the Management of Cutaneous Leishmaniasis. Special Secretary Health, Dr Farooq Jamil and Director General Health Services, Dr Muhammad Niaz graced the occasion. Speaking on the occasion, Dr Mahipala apprised that Leishmaniasis is a global public health problem and WHO Regional Office for the

East Mediterranean is reporting more than 70% of the global burden and Pakistan is one of the countries reporting the highest burden. Dr Mahipala also pointed out that provision of diagnostic and treatment services to the affected is right of every person. Lastly, Dr Mahipala handed over 10,000 vials of Glucantime injections and Cryotherapy equipment to the Director General Health Services, Khyber Pakhtunkhwa.



WHO Country Representative Pakistan, Dr Palitha Mahipala (3rd Left), Special Secretary Health KP, Dr. Farooq Jamil (3rd Right), Director General Health Services, Khyber Pakhtunkhwa, Dr Mohammad Niaz (2nd Right), NPO Malaria, WHO, Dr Qutbuddin Kakar (1st Left), Team Lead Polio KP, Mr Gedi Mohamed (2nd Left), Provincial Program Manager Malaria Control KP, Dr Rehman Afridi (1st Right)

## Strengthening POE to Reduce the Impact of Recent Spike in Corona Cases

There is a recent surge in COVID-19 cases in Pakistan. Increasing trends in the number of cases and deaths have been observed since the end of October. In the wake of the recent spike in cases, the WHO has accelerated its effort to support the Government to curb the outbreak. Active surveillance, setting up of SHOC room, laboratory and diagnosis, epidemiological analysis, risk assessment, capacity-building of frontline health workers, risk communication and strong community engagement are some of the key strategic areas where WHO is lending its technical support to Government.

WHO country representative in Pakistan, Dr Palitha Mahipala handed over automated hand sanitizing dispensers and standees with messages on prevention of COVID-19 in English & Urdu to

the Director Central Health Establishments, Dr Irfan Tahir for Islamabad International Airport. This donation is in response to findings from the onsite visit of Islamabad International Airport conducted by WHO and Directorate Central Health Establishments (CHE) teams on November 3, 2020.

The objective of the donation is to strengthen the ongoing efforts by the Government of Pakistan to prevent the importation of COVID-19 cases at the point of entries. Dr Irfan Tahir Director Central Health Establishment thanked WHO for the continuous support it is providing to the Government of Pakistan and the Directorate of Central Health Establishment in combating the COVID-19 Pandemic.



WHO Country Representative Pakistan, Dr Palitha Mahipala, Director, Directorate of Central Health Establishment, Dr Irfan Tahir (2nd Right), Incident Manager WHO Pakistan, Dr Michael Lukwiya (right), NPO Surveillance, Dr Musa Rahim (1st left), NPO IHR/IPC, Dr Farah Sabih (2nd left)

## Onsite Assessment of Point of Entries to Strengthen Corona Response Strategy

As more countries are ending complete lockdowns and implementing partial lockdowns, therefore public health safety demands screening measures and management of suspected cases at international travel entry points because this measures can prevent the reintroduction or importation of the deadly COVID-19 into Pakistan.

WHO Country Representative Pakistan, Dr Palitha Mahipala accompanied by the WHO Emergency team Pakistan visited Islamabad International Airport to conduct an onsite assessment of passenger screening at the Islamabad airport. WHO team met Director Central Health Establishment (CHE), Dr Irfan Tahir at the airport. During the visit, common areas of intervention were identified for strengthening at the domestic and international terminals. Dr Mahipala assured the Director CHE and airport authorities that WHO will continue its support to the Government of Pakistan to further strengthen the ongoing efforts by the government to prevent importation of

COVID-19 at the point of entries. Airport Manager, Nadeem Khan thanked the WR for visiting the airport and providing guidance for improving public health interventions at the airport. He also praised WHO's persistent efforts for prevention and control of COVID-19.



WHO Country Representative Pakistan, Dr Palitha Mahipala, Director Central Health Establishment, Dr Irfan Ahmed and Airport Health Officer, Dr Sara Saeed during onsite assessment at Islamabad Airport

## Reviewing and Strengthening Corona Response Efforts and Supporting TB Control Activities in Punjab

WHO has remained at the centre of the battle against the novel Corona Virus since its outbreak in China. It has stood shoulder to shoulder with the Government of Pakistan and has supported it by adopting all the hands-on-deck approach to scale up its response to prevent and control COVID-19. The proactive leadership of WHO has lent its support to policymakers, local authorities and other organizations at every tier to control the spread of deadly Coronavirus

WHO Pakistan representative, Dr Palitha Mahipala met the Honorable Minister Health, Punjab Prof. Dr Yasmeen Rashid and Secretary, Primary and Secondary Healthcare Department Punjab, Captain (R) Muhammad Usman Yunis while on an official visit to Punjab in start of November, 2020. During the meeting, Secretary P&SHCD briefed Dr Mahipala on the possibility of the second wave of COVID-19 in Punjab. He discussed the spread of COVID-19 infection, strategy to flatten the COVID-19 second wave, smart lockdown and reinstatement of SOPs. Dr Mahipala highlighted the need for increasing COVID-19 Lab testings. He donated 6 Biosafety cabinets to the provincial TB

reference laboratory in Lahore and assured of WHO support and assistance to control this humanitarian health crisis. The Provincial Minister for Health Punjab expressed her gratitude to WHO for its incessant support to Pakistan in combating COVID-19 outbreak.



WHO Country Representative Pakistan, Dr Palitha Mahipala (Right), WHO country representative Pakistan, Prof. Dr Yasmeen Rashid (center) Provincial Minister for Health during inauguration session



## Support to Seroprevalence Survey

WHO is the forefront of coordinating and planning concerted efforts to provide a collaborative platform for research and knowledge-sharing activities. It has stayed at the forefront to support operational research through the 'UNITY' seroepidemiological studies. A seroepidemiological study provides information on the proportion of the population exposed and if the antibodies are a marker of total or partial immunity, the proportion of the population that remains susceptible to the virus. This nationwide population-based study aims to estimate the seroprevalence of COVID-19 infection in Pakistan at the national, provincial and district level. It has been conducted among selected districts in Pakistan to have an estimated prevalence of Covid-19 antibody levels among the general population of selected districts and to identify key associated factors (demographic, co-morbidities etc.) with levels among the general population.



WHO Country Representative in Pakistan, Dr Palitha Mahipala and VC, Health Services Academy, Dr Assad Hafeez with Team from District Health Office, Rawlapindi during monitoring of the second phase of Seroprevalence survey

WHO Country Representative in Pakistan, Dr Palitha Mahipala, along with Vice-Chancellor, Health Services Academy Islamabad, Dr Assad Hafeez visited Rawalpindi to monitor the 2nd round of COVID-19 seroprevalence survey which aims at estimating the prevalence of infection's antibody in the community. Similar studies are currently being conducted across many countries of the world. Findings from this study will provide key insights into the actual burden of COVID-19 cases, virus transmission dynamics, COVID-19 epidemic trajectory and potential recommendation for prevention and treatment measures in the short and long term.

## UNOCHA and WHO's Heads Meeting, Discussion on Pandemic Challenges and Way Forward

WHO Country Representative Pakistan, Dr Palitha Mahipala met the Head of UNOCHA in Pakistan, Mr Michel Saad at WHO Country Office, Islamabad. During the meeting, Dr Mahipala briefed Mr Saad about the current situation of COVID-19 in the country and the need to support the Government of Pakistan in restoring and maintaining the essential health services. Dr Mahipala remarked that only option to avoid the second wave or decrease its impact is by strict adherence to social distancing measures and following SOPs. He paid rich tribute to the Health Care Workers and further added " WHO appreciates the Government of Pakistan for remarkably managing the first wave of COVID- 19 as the number of Corona cases and death was low as compared to other countries. But coming months are important and the Government needs to be cautious and impose strict SOPs"

He also appreciated the support UNOCHA extended to the Government of Pakistan during floods. In response, Mr Saad commended Dr Mahipala's leadership and WHO Pakistan for its steady support in combating Covid-19 outbreak in the country.



WHO Country Representative in Pakistan, Dr Palitha Mahipala (right) and Head of UNOCHA, Mr. Michel Saad (Left) at WHO Office.



## WHO Support to Trans-Fat Elimination efforts in Pakistan

The high intake of Industrial trans-fat is one of the risk factors for many non-communicable diseases such as cardiovascular diseases, cancers, diabetes and chronic respiratory diseases. In recent years, the WHO Eastern Mediterranean region, Pakistan in particular, has experienced an epidemiological and nutritional transition. Nearly two-thirds of the region's adult women and more than half of its men are obese or overweight. Globally more than 500,000 deaths reported annually due to increased intake of TFA. WHO recommends that TFA intake doesn't exceed 1% of the total energy intake. WHO introduced the 6 steps action plan REPLACE which focus on the removal of these unhealthy fats and supports Governments to formulate a strategy for the elimination of them from our food supply.



WHO Country Representative Pakistan, Dr Palitha Mahipala (Left), Federal Minister and Special Assistant to the Prime Minister on Social Protection, Dr Sania Nishter (Center) during inauguration.

World Health Organization Pakistan in collaboration with the Ministry of National Health Services, Regulations and Coordination conducted Consultation and Advocacy Meeting on Trans Fat Elimination (TFE) in Pakistan. The meeting was conducted in Marriott hotel Islamabad. WHO Country representative Pakistan, Dr Palitha Mahipala, Federal minister and Special Assistant to the Prime Minister on Social Protection, Dr Sania Nishter, and the Parliamentary Secretary for Ministry of National Health Services, Regulations and Coordination, Dr Nausheen Hamid participated in the inauguration ceremony.

Speaking on the occasion Dr Mahipala said "We are facing a real challenge and fighting hard to deal with the pandemic. But we should not avert our attention from our commitment to the goal of eliminating trans-fat by 2023. We need to introduce effective health-promoting measures for the healthier Pakistan"

The purpose of the meeting was the advocacy of this cause among Parliamentarians, Senators and Policymakers and to build consensus among all key stakeholders on necessary regulatory, legislative and administrative actions required for TFE elimination in Pakistan.

## Strengthening the Corona Response Efforts in AJK

In AJK, WHO corona response efforts aim at strengthening and supporting the Government measures to better respond to the Corona in coming months and to develop a strategy to face the Covid-19 situation with a focus on inaccessible areas and vulnerable population.

WHO Pakistan Representative, Dr Palitha Mahipala visited Azad Jammu & Kashmir (AJK) and met with Honorable Prime Minister H.E Raja Farooq Haider Khan, Minister Health, H.E Dr Najeeb Naqi and Secretary Health Maj. Gen. Ahsan Altaf Satti. During the meetings, they discussed the current situation of COVID-19 in AJK, IDSR data management, SARI & ILI surveillance and maintaining the essential health services. Dr Mahipala appreciated the Government policy of Smart Lockdown and Micro-smart lockdown.

After the meeting, Dr Palitha Mahipala donated 3 Double cabin vehicles to strengthen surveillance, the assortment of medical supplies and IT equipment worth over PKR 23.7 million to the Prime Minister. The Medical supplies and IT equipment included Real-time PCR System, 5 Tests kits (2000 tests in each kit), Optical adhesive covers, Pulse Oximeter, Multimedia, Fax Machine, Scanners, Desktop Computers, UPS, Laptop, LCDs, Full Body Tyvek suit, gowns, and Hand sanitizers.



WHO Country Representative Pakistan, Dr Palitha Mahipala during donation ceremony

## Anti-Microbial Resistance Awareness Week



WHO Country Representative in Pakistan, Dr Palitha Mahipala during the meeting of AMR Steering Committee

WHO Pakistan in coordination with the Ministry of National Health Services Regulation and Coordination and National Institute of Health organized a meeting of the National Anti-Microbial Resistance (AMR) Multi-sectoral Steering Committee. The objective of the meeting was to review progress in the implementation of the National AMR Action Plan 2017-2022.

Director-General Health, Dr Malik Muhammad Safi chaired the meeting. The meeting underscored the need for a regular joint review of progress on implementation of AMR NAP.

Speaking on the occasion through a video link, WHO Pakistan Representative, Dr Palitha Mahipala said, "It is an encouraging and propitious step to celebrate a week for Anti-Microbial Resistance when the world is fighting Covid-19 pandemic because it certainly highlights the magnitude of AMR problem. The need of the hour is to formulate a national policy which aims to increase awareness about Antibiotic resistance at the grass-root level through better communication strategies and to urge people to adopt a healthy lifestyle to avoid the emergence and spread of antibiotic resistance."

Dr Mahipala also emphasized on the importance of having a strong AMR governance system in place through effective functionality of AMR Steering Committee.

## Escalation of Corona Response Efforts by WHO in Islamabad

WHO Pakistan Representative, Dr Palitha Mahipala and NPO Surveillance officer, Dr Musa Rahim met with District Health Officer, Islamabad Capital Territory (ICT), Dr Zaeem Zia at DHO Office, Islamabad. Dr Zaeem briefed the WR on the current situation of COVID-19 in ICT. He highlighted the strategies being adopted by ICT to control the spread of COVID-19 in Islamabad. Dr Mahipala praised the DHO and his team on successfully controlling the first wave of COVID-19 and safeguarding the lives of people. He also assured them of WHO full support and further, elaborated that as the



WHO Country Representative Pakistan, Dr Palitha Mahipala during the donation ceremony

number of daily coronavirus infections is on the rise, therefore, it is indispensable to ensure that restrictions are strictly implemented and exhort the nation through effective communication strategies and various social and electronic media to adhere to the health guidelines. Dr Mahipala donated 10,000 face mask, 500 hand sanitizers and 5 thermal guns. He promised to support the deployment of one surveillance officer, two data operators and five field surveillance teams for three months. WHO will also donate double cabin vehicle and two ambulances. The DHO expressed his gratitude to Dr Mahipala for continuous support and guidance.



## World AIDS Day 2020

WHO commemorates World Aids Day on 1 December to raise awareness about HIV/AIDS among the people from all walks of life and demonstrate international solidarity to adopt an approach which is in best interests of public health and is key to eradicating stigma and discrimination faced by patients of Aids.

World Health Organization Pakistan in collaboration with National AIDS control program conducted a Webinar on World AIDS Day 2020 with the theme “National Solidarity - Resilience of HIV services” The objective of the webinar was to advocate for building gender-sensitive resilient HIV health services and to advocate for continuity



Dr Palitha Mahipala (4th Left), Country Representative WHO Pakistan and Dr Ayesha Isani (4th right), Deputy National coordinator (HIV/AIDS) during commemoration of World Aids Day 2020.

of services for people living with and affected by HIV during emergencies, highlighting the crucial role of the community. WHO country representative in Pakistan, Dr Palitha Mahipala inaugurated the session. Dr Mahipala said in his opening remarks “Pandemic has exacerbated the public health issue. Only through consistent collaborative efforts and shared responsibility, we can control the Covid-19 and Aids. There is a dire need to revamp our health systems to lead and coordinate the planning, implementation and monitoring of more effective, efficient and timely health interventions in Public Health Emergencies.”

He highlighted that partnership with civil society has been key in ensuring continued engagement with HIV service clients, maintaining continuity of services and supporting their adherence. He appreciated civil society organizations for their longstanding role in empowering PLHIV and for their crucial work. He assured that WHO Pakistan remains committed to continue supporting the efforts of the Government of Pakistan and other stakeholders in maintaining essential health services and strengthening health systems to increase their resilience.

## International Day of Persons with Disabilities

WHO commemorates World Disability Day on 3 December to raise awareness and focus on the issues that affect people with disabilities worldwide. WHO Country Representative in Pakistan, Dr Palitha Mahipala participated in the World Disability Day celebration at Parliament House, Islamabad.

Speaking on the occasion Dr Mahipala remarked, “COVID-19 pandemic has threatened everyone but persons with disabilities are disproportionately impacted due to attitudinal, environmental and institutional barriers. The disruption of the services due to COVID-19 has further deteriorated the situation. On this International Day of Persons with Disabilities, let us pool all our efforts together to ensure the



WHO Country Representative Pakistan, Dr Palitha Mahipala addressing on World Disability Day 2020.

effective mainstreaming of disability in the development agenda and to improve strategies to empower people with disabilities so that they enjoy their rights on an equal basis with others.”

Other participants who attended this prestigious event were from the National Assembly, Parliament Caucus, UN Agencies, Civil Societies and NGOs.



## Commemoration of International Day for Persons with Disabilities



(Left) President of Pakistan, Dr Arif Alvi addressing the ceremony to commemorate World Disability Day while (Right) WHO Country Representative Pakistan, Dr Palitha Mahipala also graced the occasion.

WHO commemorates World Disability Day on 3 December to promote the full and equal participation of persons with disabilities in society and the economy, and to take prompt and timely action for the integration of persons with disabilities in all aspects of life, from economic to political, social, cultural and development. This year's theme was "Building back better: towards an inclusive, accessible and sustainable post-COVID-19 world." WHO recognizes disability as a global public health issue, a human rights issue and a development priority.

To mark the significance of this day, WHO co-hosted an event with the Ministry of Human Rights and Baitul Maal. President of Pakistan, Dr Arif Alvi and Minister for Human Rights, Dr Shireen Mazari graced the event.

## WHO Efforts to Mainstream Disability in Balouchistan

Disability is a human right and development issue. Persons with disability face participation limitations while engaging in various social roles. WHO is striving hard to ensure that disability inclusion is consistently and systematically integrated into political, cultural, economic and social arenas of life. WHO is working with the Government of Pakistan to advocate change and public awareness regarding disability and to formulate strategies which promote access to healthcare services, rehabilitation and support for disabled persons.

WHO Country Head in Pakistan, Dr Palitha Mahipala met Honourable Minister for Social Welfare Department Balochistan, Mr Assad Ullah Baloch and handed over assistive devices. Assistive Technology is the combination of assistive, adaptive, and rehabilitative devices for disabled persons to ensure their equal participation, enhance their functioning and independence in a social milieu.

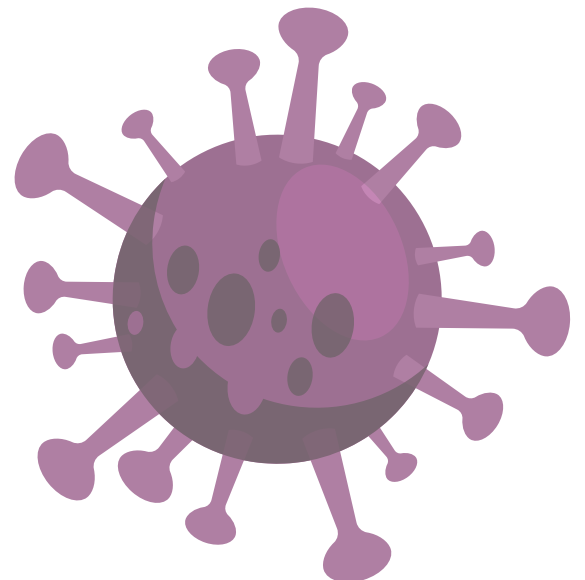
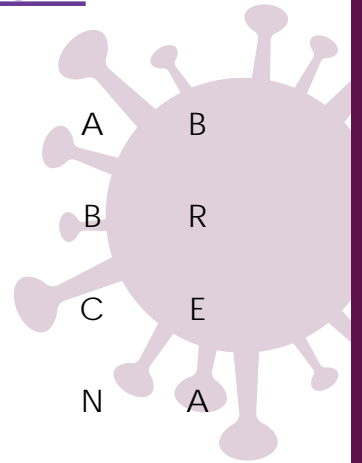
WHO through its 'Protection Rights of Older People with Disabilities' (PROD) project extends support for improved access to high-quality assistive technology to support mobility of older people and persons with physical disabilities. Dr Mahipala extolled the efforts of Balochistan Department of Social Welfare towards a disability-inclusive society. Mr Assad Ullah Baloch expressed his gratitude for the incessant support of WHO towards the sustainable empowerment and inclusion of people with disabilities in the social spectrum.



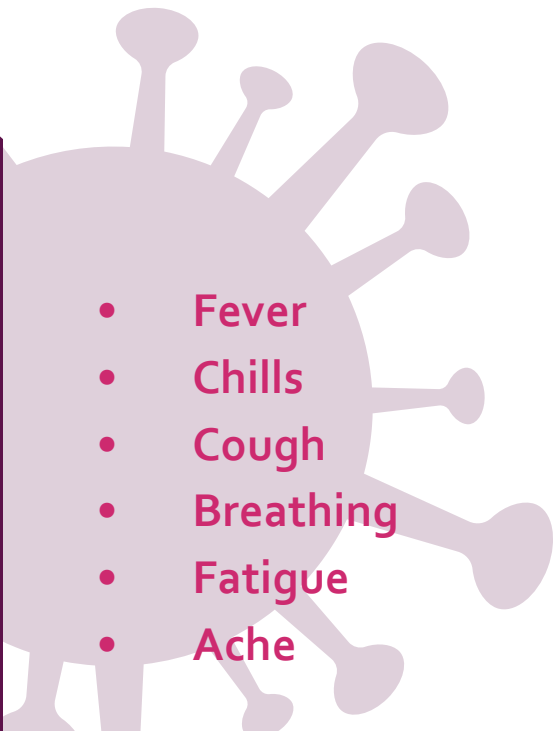
WHO Country Head in Pakistan, Dr Palitha Mahipala and honourable Minister for Social Welfare Department Balochistan, Mr Assad Ullah Baloch during the donation ceremony

## COVID-19 Symptoms Word Search!

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| C | H | I | L | L | S | Q | W | A | J | A | B |
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- Fever
- Chills
- Cough
- Breathing
- Fatigue
- Ache
- Headache
- Smell
- Sore throat
- Congestion
- Nausea
- Diarrhea





# World Health Organization

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