

COVID-19 P A K I S T A N

MESSAGE FROM EDITORIAL BOARD

The World Health Organization commends the efforts of the Government of Pakistan to fight against the COVID-19 pandemic, and continues to stand by the Government and the people of Pakistan. The Government led efforts have resulted in a reduction in the daily case positivity to less than 2%, and the low positivity percentage has been sustained for over 4 weeks now. The overall impact of the COVID-19 pandemic, which has otherwise brought many health systems around the world to their knees, has also been mitigated. Pakistan has become the leading country in the South Asian region in terms of effectively responding to the COVID-19 pandemic. This major achievement would not have been possible without the robust leadership of the Government of Pakistan, and the efficient collaboration and coordination between the WHO and the other partner organizations. The World Health Organization would also like to appreciate the contribution and cooperation of the donors and the partners in our efforts to support the Government of Pakistan.

However, it is essential to note that we are not yet in the clear. There is a need to maintain effective surveillance and case identification to mark any emerging hot-spots for the disease. Special attention must be paid on raising community awareness and in behaviour modification messages to encourage people to continue observing physical distancing, wearing masks, and maintaining hand hygiene. The World Health Organization is optimistic, and fully committed to supporting the Government of Pakistan in overcoming any future challenges during the COVID-19 crisis, by continuing with effective surveillance, risk communication and community mobilization, and in sustaining the laboratory testing capacity for COVID-19 detection. Further, improvement in the situation is predicted, and the WHO continues to stand shoulder to shoulder with the Government of Pakistan for designing emergency response strategies that may be required in event of localised outbreaks.



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INSIDE

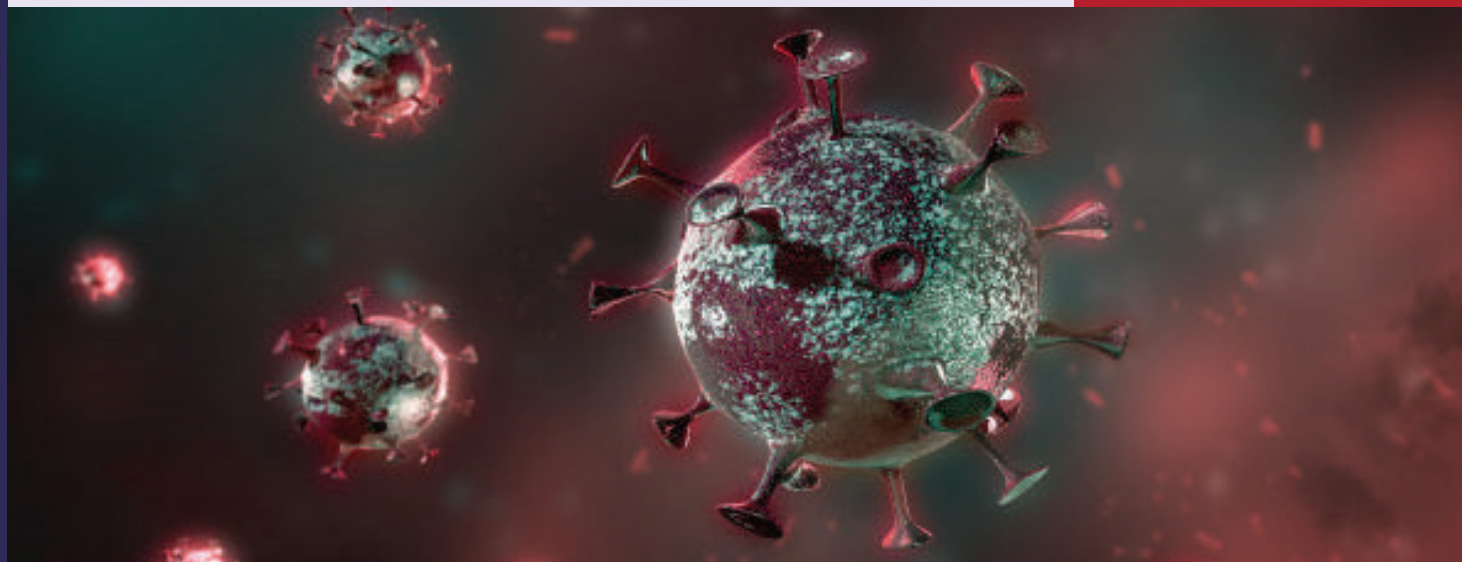
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COVID-19 CORONAVIRUS



THE KNOWLEDGE SECTION

COVID-19 Situation in Pakistan

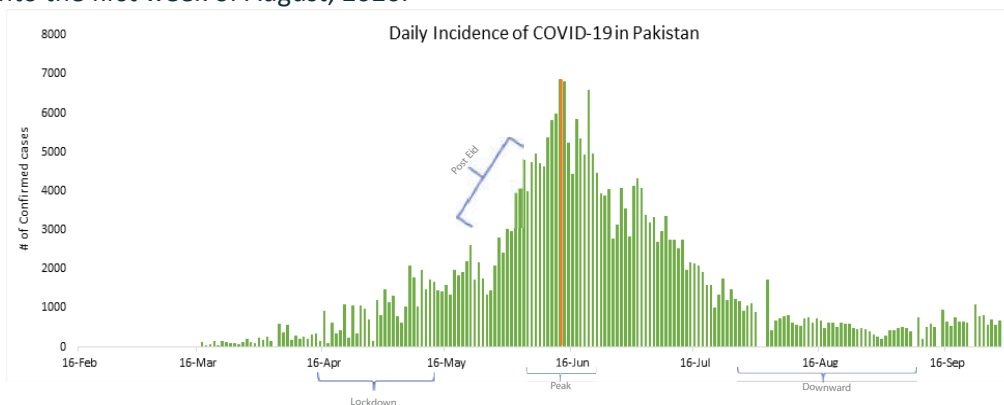
Summary

When COVID-19 reached Pakistan in February 2020, the Government took some timely and effective steps to deal with the crisis. The World Health Organization (WHO) supported and provided technical assistance to the Government of Pakistan (GoP) for the response, and assisted in the development of the Pakistan Preparedness and Response Plan (PPRP) to tackle the pandemic by involving all of the Health System building blocks. The daily case incidence for COVID-19 in Pakistan increased gradually from February until Eid-ul-fitr (22-27 May 2020), following which the rise in the daily incidence rate was steep and sudden. The steps taken and the public health interventions employed by the GoP with the support of the WHO helped the health system to handle the crisis and not become overwhelmed. As a result of the interventions and initiatives, the disease curve was successfully kept relatively flat in spite of the sudden rise in the cases following Eid, and the daily incidence began to decline around the end of June, continuing in the same trend through the month of July and into the month of August. The PPRP identifies nine areas (or pillars) for action including coordination, risk communication, Infection Prevention and Control (IPC), surveillance, development of laboratories, and more. More details about the WHO response to the COVID-19 crisis in the first 6 months of the pandemic are provided in the July Newsletter.

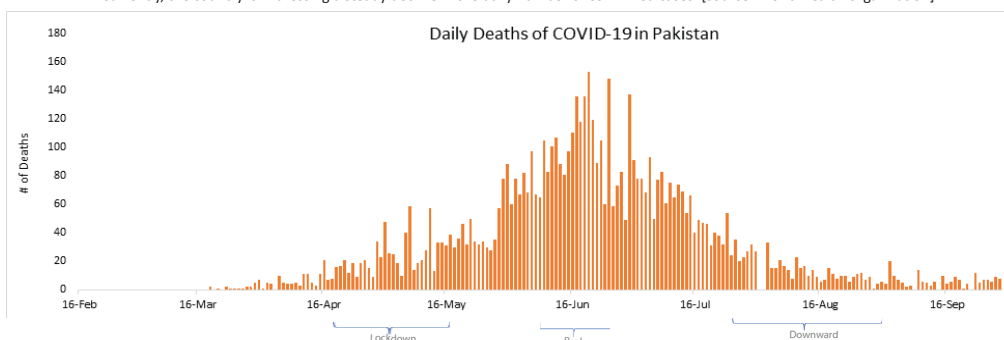
COVID-19 Epidemiology in Pakistan

The WHO has supported the efforts of the Government of Pakistan in controlling the spread of COVID-19, and fighting the pandemic by providing technical support and guidance to the Government, increasing the testing capacity, donating testing kits and machines along with Personal Protective Equipment (PPE), and providing trainings to the healthcare staff in testing, IPC, and in PPE use.

As a public health intervention to control the spread of the disease within the population, and to flatten the curve of disease spread, the country was put under a nation-wide lockdown until 9 May, which was initiated on 1 April for two weeks, and was later extended twice. Upon its end, the lockdown was eased in phases. The figure below demonstrates that the number of daily cases increased sharply following Eid-ul-Fitr (which was observed in the last week of the month of May), and by the middle of June, 2020, Pakistan was recording over 6,800 new cases of COVID-19 per day. After the last week of June, and into the first week of July, the cases started to drop. The downward trend has continued until the end of July and into the first week of August, 2020.



The COVID-19 curve for Pakistan from February to July 2020: The lockdown was introduced on the 1st of April and was extended twice to last until the 9th of May. Eid-ul-Fitr was celebrated in the last week of May. A sharp increase in the daily incidence was observed following Eid-ul-Fitr. The peak was observed in mid-June, 2020. Currently, the country is witnessing a steady decline in the daily number of confirmed cases. [source: World Health Organization]

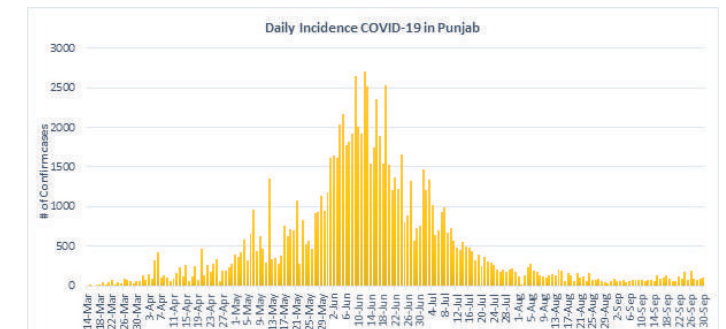
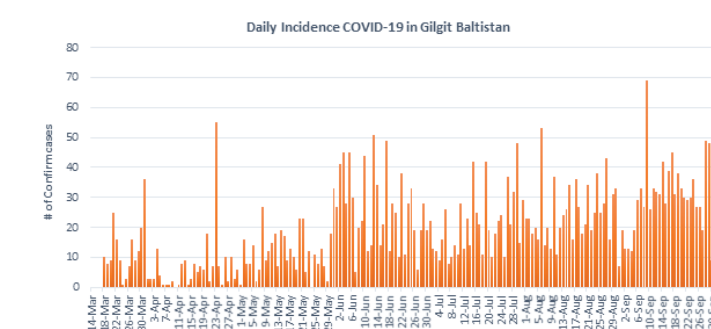
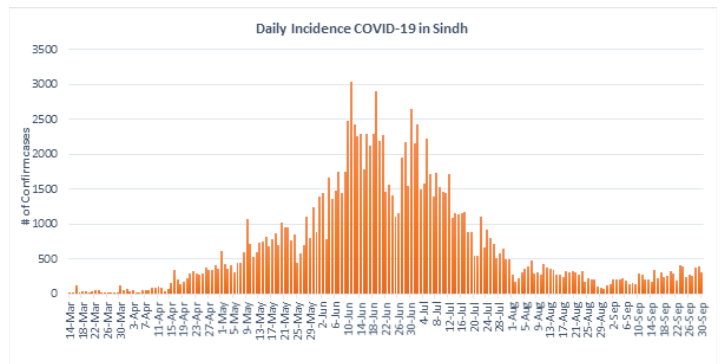
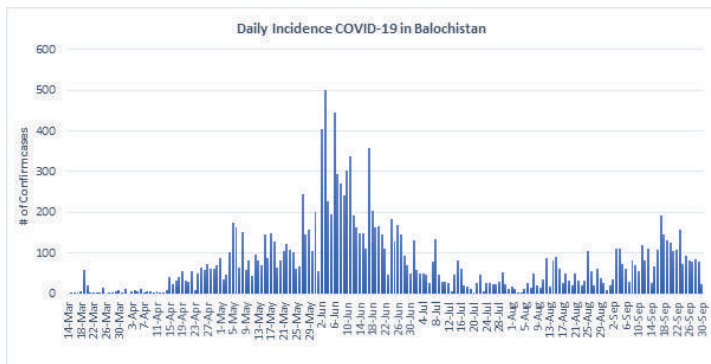
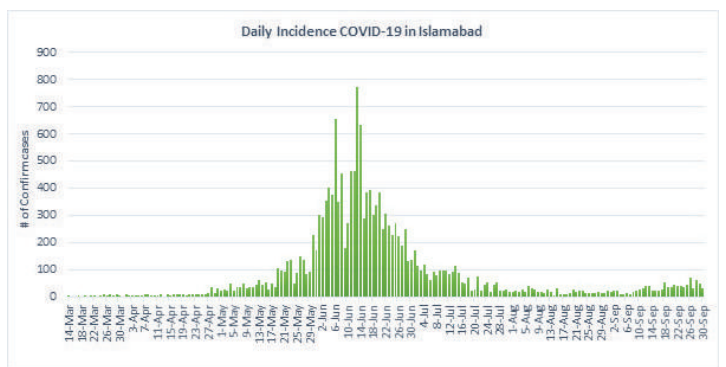
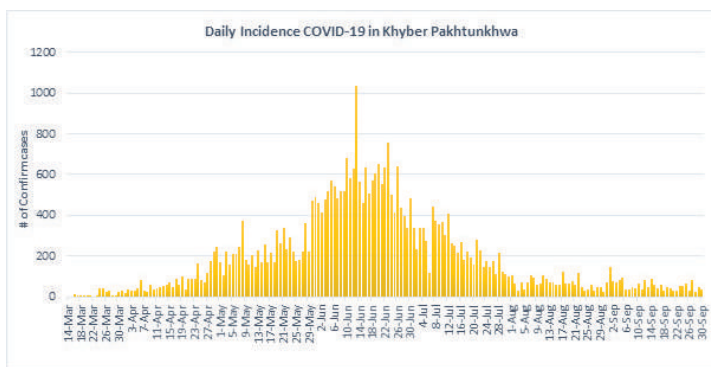


The curve of COVID-19 mortality in Pakistan demonstrating a similar pattern as the case incidence curve. (a) the period of lockdown before Eid-ul-fitr (b) Eid-ul-fitr time (c) post Eid surge in the number of cases (d) the "peak" (e) steady decline in the daily incidence.

The total number of confirmed COVID-19 cases in Pakistan is approaching 310,841, and to date, it has caused over 6,466 deaths in Pakistan. The curve for case mortality (Figure 2) has been following the same path as the daily incidence curve, with the number of deaths due to COVID-19 sharply increasing after Eid-ul-fitr, reaching its peak towards the middle of June, and then steadily declining around the end of June, continuing in a downward trend till the end of September.

COVID-19 In the Provinces of Pakistan

As a result of the timely, effective, and efficient response from the Government of Pakistan, the COVID-19 crisis no longer proposes an insurmountable threat. Robust coordination, case identification, contact tracing, and Infection Prevention and Control measures have resulted in a generally declining trend in the daily case incidence in all the provinces.



WHO Response and Contribution

WHO has reckoned the nature of the global health crisis, has adopted a proactive approach and has liaised with every stakeholder to strengthen the Corona response plan. It has strived hard to enhance the capacity of Health Care System so that it provides timely and reliable information that underpins detection, assessment and surveillance of COVID-19. WHO teams have accelerated their efforts from the onslaught of the ongoing pandemic. In Pakistan, the WHO has taken several comprehensive measures to collaborate with the government and has sculpted a deftly coordinated strategy to stop the COVID-19. It has supported the Government policymakers, who have tried hard to handle the situation with full commitment and dedication round the clock, in various areas such as coordination and planning, case management, disease surveillance, laboratory, community mobilization and sensitization to curtail the spread of the virus. WHO has stood upfront and responded swiftly to initiate multi-partner coordination mechanisms and engagement with national authorities to develop a Pakistan-specific operational plan and support preparedness and response efforts at the national and provincial level. It has conducted an initial capacity assessment and risk analysis, including mapping of vulnerable populations by adapting human rights approach and intersectional analysis that would form the basis of the socio-economic impact analysis. It has reviewed regulatory requirements and legal basis of all potential public health measures and monitored the implementation of Pakistan Preparation and Response Plan based on key performance indicators in PPRP.

Major Contributions by the WHO

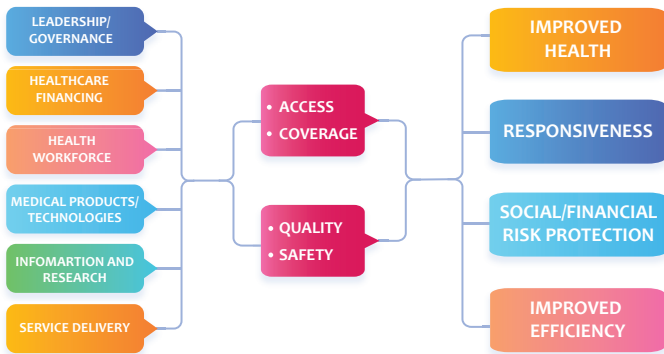
- Supported the GoP by increasing the COVID-19 testing capacity from 200 tests per day in March 2020 to over 50k tests by June 2020
- Donated a total of 35 PCR machines to health facilities around the country
- Trained over 400 laboratory staff and rapid responders in sample collection, packaging and transport of COVID-19 samples, and the appropriate use of Personal Protective Equipment
- Developed robust coordination mechanisms between different sectors (GoP, armed forces, civil administration etc)
- Generated funds and acquired donations for the procurement of equipment and training of the health work force.



The PPRP and the 9 pillars for the COVID-19 response

Long Term Benefits of the Health System Strengthening for COVID-19 Response

Effective response to the COVID-19 pandemic is dependent on catering all aspects of system components; the WHO Health System building blocks. Functions of the health systems have been strengthened with enduring positive effects towards better future performance.



Leadership and Governance

COVID-19 response strategy resulted in leadership role by strategic decision-making forum; “National Command & Operation Center”. This “all government approach” brought all stakeholders together for effective oversight and monitoring of the disease situation for evidence-based decision making. The forum also took actions to address the health system design / capacity issues for emergency response through allocation of financial resources for procurement of emergency equipment e.g. ventilators, PPE and testing machinery and kits. Several other national and provincial coordination mechanisms were functional to better align stakeholders inputs and effective response. In addition, the development of PRPP and the plans to ensure continuity of services, has provided guidance and stewardship to an orchestrated emergency response effort and beyond. These mechanisms and resources will strengthen the health systems emergency response capacity on the long run to mobilize these resources in case of any health emergency. This strategic forum can be further strengthened to handle any health crisis through effective coordination, oversight and accountability in future.

Health Workforce

Focus on human resources during COVID19 has been key towards effective response. Staff at all levels have been trained, based on their specialization, on diagnostics, case management, in addition to planning and monitoring & evaluation as well as other key areas such as surveillance. With support of WHO, MoNHSR&C has initiated “We Care” program for the capacity building of healthcare providers in which thousands of health workers have been trained and developed their capacity in Infection Prevention and Control (IPC). These trainings and other capacity building activities will surely improve the capacity and performance of staff towards improved performance and long-term better preparedness.

Health Finance

During the COVID19 response, resources has been mobilized from local and international funding foundations. The response requirements have signified the need to advocate for additional funding and mobilization of further resources to cater for immediate needs. With the increase in focus on health and presence of the PRPP, which forecasts the health sector needs and beyond, levels of funding are likely to increase to sustain services and satisfy future forecasts.

Service Delivery

To ensure effective interventions and response to the pandemic, the focus of the Pakistan Preparedness and Response Plan (PPRP) included improved capacities and better performance in; a) surveillance and case investigation, b) case management and c) infection prevention and control. The improved capacities in addition to the resources that have been devoted to these focus areas will surely result in better preparedness to emergencies and sustaining of health service delivery. Under the current COVID-19 scenario there is greater realization to maintain the essential health services which has been the included in Pillar 9 of the PRPP. Along with COVID19 response, there has been focus on maintaining reproductive health services which include ensuring safe pregnancies, safe births in addition to ensuring continuity of routine immunization and polio services as well as other essential services which are mainly prevention and management of communicable and non-communicable diseases as well as strengthen health systems components.

Medical Products and Technology

The government and its partners took effective measures to ensure availability of sufficient diagnostic and therapeutic products of assured quality, safety, efficacy and cost effectiveness for ensuring equitable access to COVID-19 related services. This built a robust supply chain mechanism for effective emergency response and can be utilized to handle any other health emergency in future. COVID19 response has necessitated better regulatory capacities and coordination with local and international pharmaceuticals which will positively improve the health sectors response to emergency, as well as better forecasting of medicine and supplies needs.

Information and Research

The Health Information System has been strengthened to ensure more efficient data collection from the health facility and community level to the central offices of the government and other partner organizations, and sharing that data with policy makers and managers on real time basis for evidence based decision making. Mechanisms have been put in place, and other existing processes have

been modified to improve efficiency of the flow of information. A central COVID-19 dashboard was developed to monitor the data on real time basis for decision making by the top political leadership and this can be used for monitoring of all high-risk infectious diseases with epidemic potential. Research was initiated; a nationwide seroprevalence survey to ascertain the prevalence of COVID-19 in the population and a case control study for understanding the risk factors and co-morbidities of COVID-19 mortality in KP. These and other studies have set a precedent for knowledge generation during crises, but

also provided insight into the potential hindrances to the flow of information in the existing system. Related to the domain of research, and in effort to ensure earliest access to vaccines for long term prevention from the disease, the local research institutions also collaborated with international scientific and research institutions for initiation of clinical trials in Pakistan for COVID-19 vaccine development. These connections with international scientific and research institutions can be utilized for promotion of research in Pakistan in broader areas e.g. diagnostics, therapeutics and vaccines development for existing and emerging infectious diseases.

Moving Forward

Preventing the Second Wave

Many countries around the world are either experiencing, or being threatened by a second wave of COVID-19. The economic and other impacts of the pandemic are already an immense burden on any health system. Continuation of the first wave, or a second nationwide attack of COVID-19 in any country that is barely recovering from the first wave would wreak havoc on the weakened health system, and there could be long term effects of the worsening economy, soaring unemployment rates, and an increasing number of people slipping down the poverty ladder at this time of crisis.

In March 2020, the WHO advised the GoP to immediately devise effective lockdown strategies to urgently check the spread of the disease within the country. In the absence of a vaccine or a curative regime, it is essential to minimise virus transmission through enforcing physical and social distancing, along with other infection control strategies. The government imposed a smart lockdown in disease hot-spots, and through public services messages and announcements, extensively communicated the importance of physical distancing, using masks, hand washing, and avoiding touching one's eyes, nose and mouth. As a consequence of the robust and timely actions taken by the GoP with the support of the WHO, Pakistan has been able to manage the first wave with relatively lesser damage than was feared. Now that the situation seems to be improving, it is imperative for the population to observe all precautionary measures to prevent disease transmission.

What To Do

1. Observe physical distancing when meeting people, and maintain a 3 - 6 foot distance
2. Limit social gatherings and avoid large crowds
3. Wear a mask to protect others and yourself
4. Avoid shaking hands and hugging
5. Be extra cautious around the elderly, and people with pre-existing conditions and comorbidities
6. Wash hands regularly and properly
7. Avoid touching eyes, nose, mouth
8. Stay positive! Test negative!

Maintaining Essential Health Services

The COVID-19 pandemic has been an additional burden on the Pakistani health system which is already struggling with MNCH and immunization issues. The GoP with the support of the WHO has ensured the continuity of MNCH and immunization services during the COVID-19 response. With the diminishing threat of the pandemic, it is essential to cautiously but deliberately utilise the freshly laid coordination mechanisms to ensure the continuity, and to even expand the reach of these services rendering them more effective.

The long term and prevailing hurdles towards satisfactory immunization coverage in Pakistan (such as the misconceptions surrounding immunization) still exist, and the existing strategies could be modified using the improved communication pathways, tracing, and tracking mechanisms for the COVID-19 response for better immunization coverage and provision of MNCH services.

The WHO Pakistan prepared a maintaining Essential Health

Services (EHS) plan using the WHO guidelines aiming to create a balance between the necessity to respond directly to COVID19, while simultaneously engaging in strategic planning and coordinated action to maintain essential health service delivery, mitigating the risk of system collapse. The proposed plan will serve as pillar 9 of a broader Pakistan Preparedness and Response Plan for COVID 19 (Pakistan PRP).

The objective of EHS plan is to support the government to continue provision of essential services under COVID pandemic situation through a consolidated and integrated approach by WHO and partners and strengthen the health system in Pakistan through systemic support to the six building blocks particularly service delivery, HRH & essential medicines & equipment by focusing on the three main areas of interest: a) Governance & Planning; b) Provision of Services; and c) Health Workforce protection & planning.

Research and Development

Case Control Study for COVID-19 Mortality and Associated Risk Factors

The WHO supported a Case Control study in four major hospitals of Khyber Pakhtunkhwa. The primary objectives of the study were to ascertain the mortality due to COVID-19 in Khyber Pakhtunkhwa, along with the associated risk factors contributing towards the mortality.

A total of 474 hospital-admitted COVID-19 patients in the four designated hospitals of KP were recruited in the study. The cases and controls were matched on age, gender, and comorbidity status at the time of recruitment.

The average age of the patients was 54.3 years (13.8 SD), and the majority of them were males (78.4%). The majority of the patients, in both groups (27.8% of cases and 33.6% controls) were within the age range of 51 – 60 years. Almost half of the patients did not receive any pre-hospital care, and nearly 80% were transported to the hospital in an ambulance without any supportive oxygen supply. Around 38% of the patients reported having underlying comorbidities; the commonest being hypertension (31.22%), followed by diabetes (27.43%) and coronary heart diseases (6.96%). On arriving into the hospital, the clinical condition of the patients was classified as severe (52%) and critical (17%). The commonest symptoms on admission were fever (88.4%), cough (83.9%) and shortness of breath (78.9%).

A further comparison of the characteristics, clinical findings, and treatment regimens between cases and controls demonstrated significant differences in the mean age between the two groups. Compared to the controls, the mean age was significantly high (57.1 years \pm 13.2 SD) in patients with a fatal outcome to COVID-19 (p -value $<$ 0.05). The mean age of the controls was 52.3 years \pm 13.9 SD. Significant differences between the two groups were also observed in terms of clinical conditions at the time of admission, and the presence of multiple comorbidities (p -value $<$ 0.05). However, gender, socioeconomic status, and pre-hospital care were not significantly different between the two groups (p -value $>$ 0.05). The clinical presentation at the time of admission was significantly different between the two groups (p -value $<$ 0.05). Shortness of breath (85.85%) and headache (8.3%) were most commonly reported in cases, compared to control 73.6% and 4.1% respectively. Similarly, systolic blood pressure and pulse rate was significantly high and oxygen saturation was low in cases than controls. Bilateral infiltrates were also more commonly reported in cases than controls.

All the patients received standard care at the time of admission consisting of antibiotics, antivirals, anti-coagulants, steroids, and convalescent plasma. No significant differences were observed in terms of treatment regimen except with salbutamol, which was prescribed more frequently in the control group (p =0.02). As compared to 11% of the controls, approximately 62% of the cases required intensive care (p =0.001). Mean duration of stay in ICU was 3 days for cases and less than 1 day for controls (p =0.001). Cases spent more days on ventilator (2.59) compare to only 0.49 days in controls (p =0.001).

The odds of a fatal outcome were higher for patients aged 50 years and above. Patients admitted after 9 days of diagnosis, those presenting with shortness of breath or multiple comorbidities, and those presenting with low oxygen saturation at the time of admission and were more likely to succumb to the disease.



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COVID-19 mortality and its associated risk factors in four major hospitals of Khyber Pakhtunkhwa: A CASE CONTROL STUDY

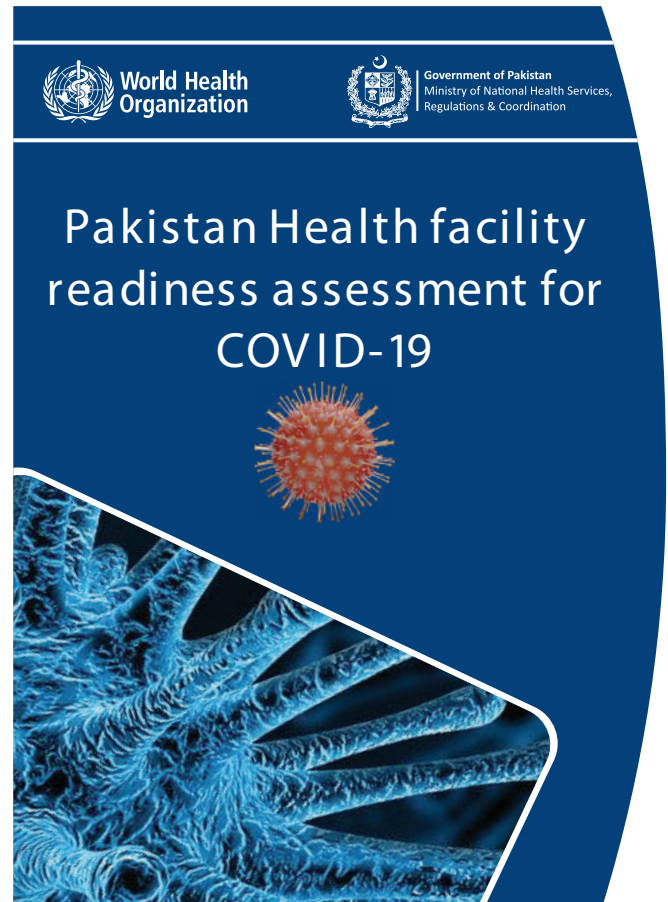
1ST JUNE - 20TH JUNE, 2020

Health Facility Readiness Assessment

A cross-sectional study was conducted in 96 hospitals across Pakistan to evaluate public sector health care facilities which are providing extensive care to COVID-19 patients, and to identify the gaps and needs in terms of resources and service delivery in these public sector health care facilities. Nearly 75% of the assessed facilities have a hospital Emergency Response Plan while 63% of the remaining facilities have an ad-hoc emergency response plan. In Balochistan nearly 53.8% of the facilities, while in AJK&GB all the assessed facilities have an emergency response plan. Around 85% of the facilities have a designated lead for key areas of the Incident Management System, while only 73% have an emergency operation room at the health facilities for proper communication and response during emergencies.

In terms of Surge Capacity, 75% of the assessed health facilities have calculated the maximal case admission capacity for COVID-19, and 63% have identified various ways for expanding the inpatient capacity in case of a sudden increase in the number of cases of COVID-19. Nearly 61% of the facilities have cancelled the provision of their nonessential services. In terms of Infection Prevention and Control (IPC), 91% of the assessed health facilities have an IPC focal person at the health facility, and 92% of the health facilities have an IPC committee supporting the IPC team. More than 85% of the assessed facilities have SOPs for triage of COVID-19 patients, and standard precautions during collection, packaging, and transportation of lab samples, while 79% have SOPs for handling dead bodies of COVID-19 patients. About 83% of the assessed health facilities revealed that they provided IPC trainings to all the health care workers managing the COVID-19 patients at the health facility. In facilities where patients of COVID-19 are managed inwards, only 82% have at least a 1-meter distance between the patient beds. Only half of the health facilities have Designated Airborne Infection Isolation Room for Aerosol Generating Procedures, and 76% of the assessed facilities have adequate Personal Protective Equipment (PPE) for the Health Care Workers. Nearly 76% of the facilities reported using reusable equipment i.e. thermometer, BP apparatus etc., while only 85% are cleaning/disinfecting them after every use.

In terms of Case Management, 67.7% of the health facilities have Signs/Posters for COVID-19 patients to use a specific pathway at entrances, and 74% of the health facilities have arrangements of physical barriers at waiting areas for ensuring at least a one meter distance between the staff and the patients. Only 62.2% of the facilities have a separate area with adequate ventilation at the emergency for suspected COVID-19 patient examination. Around 66% of the facilities have COVID-19 Triage



forms/charts used during the assessment of COVID-19 patients, while only 35% of the facilities have established additional triage areas, possibly outside the hospital. About 83% of the facilities are considering home care for milder cases of COVID-19 with no comorbidities. A little over 87% of the assessed health facilities are continuously monitoring for the vital signs in the admitted COVID-19 patients, while 86% are ensuring that Oxygen Masks and Nasal Canulae should be discarded after a single use. Around 87% of the facilities are following the national guidelines for the Case management of COVID-19 patients. Only 12% of the health facilities recruited additional staff during the COVID-19 outbreak, and more than 90% of the facilities updated their staff contact list in wake of the outbreak in the country.

In terms of Essential Services, all the assessed health facilities reported continuing the provision of essential services including emergency care; basic lab services; acute medical and surgical emergencies; MCH services (including Gynae and Obstetric care); Immunization; and COVID-19 management.

News And Photo Gallery

Collaboration between WHO and EU to sustain Pakistan's Health System

An agreement has been signed between the WHO Pakistan and the European Civil Protection & Humanitarian Aid Operations (ECHO) to finalize the organization's support towards WHO's continuing response to COVID-19 pandemic in the country.

The main areas of support to be covered by the 2.5 million euro grant include strengthening coordination mechanisms at the national and provincial levels; strengthening of COVID-19 surveillance at points of entry, health facilities, and sentinel sites; strengthening laboratory testing and quality assurance; and supporting case management including infection prevention and control.



WHO Pakistan Country Representative Dr Palitha Mahipala & H.E. Androulla Kaminara, Ambassador of EU to Pakistan sign an agreement for a 2.5 million Euros grant to strengthen WHO's response to COVID-19.

Discussions on Collaboration and Interactive Cooperation with various organizations

WHO Country Representative, Palitha Mahipala has convened various meetings to enhance collaboration with different civil society organizations. The function of the meetings has to provide a platform which encouraged cooperation, facilitated the exchange of experiences with these organizations and assisted in identifying the capacity-building needs. These meetings has brought together a wide range of practitioners and officials from the different walks of life involved in chalking out effective policies and strategies to detect, prevent and respond to COVID-19 situation. Dr Mahipala has elaborated to delegates about the incessant support WHO has lent to Government of Pakistan to cope with highly unprecedented risk and rapidly evolving situation.



Dr Palitha Mahipala in a meeting with Civil Society Organization delegates to look into the possibilities of having collaboration

WHO Country Representative and Ambassador of Qatar Discuss Pandemic Challenges

WHO Country Representative, Dr Palitha Mahipala has made a courtesy call on His Excellency Sheikh Saoud Abdulrahman Al-Thani, the Ambassador of Qatar, recently. The two leaders discussed the current situation of the COVID-19 pandemic in Pakistan, including the funding situation, and how the Government of Qatar could support the WHO, thus enabling the health agency to respond strategically.

During the meeting, Dr Mahipala briefed the Honorable Ambassador on the remarkable response by the Government of Pakistan, which led to a decline in the daily incidence of COVID-19. He apprised the Honorable Ambassador about the steps taken by the WHO to support the Ministry of National Health Services Regulations and Coordination (MoNHSR&C) and to control the transmission and impact of the COVID-19 outbreak.

Dr Mahipala expressed his gratitude and thanked the Honorable Ambassador of Qatar for being a staunch supporter and always providing timely support to the WHO.



Dr Palitha Mahipala and H.E. Sheikh Saoud Abdulrahman Al-Thani, Ambassador of Qatar during a meeting

Global Laboratory Leadership Program (GLLP)

To ensure that laboratories effectively play their critical role in the detection, prevention and control of diseases, WHO has supported the "Global Laboratory Leadership Program (GLLP) for the training of laboratory directors and senior managers in Leadership and Management. This program aims to improve the core competencies of laboratory experts. The phase-II of this program has focused to deliver three competencies which are Management, Quality Management System and Research to all selected participants of the first phase, through a mixed approach of study and preview tasks, remote sessions and a week of face-to-face sessions.

In Phase 1, the participants have been trained on 2 core competencies; Communication and Leadership. The laboratories are an essential part of health systems and play a crucial role in the detection and diagnosis of disease, therefore, it is important to train its leaders who understand all system components and work together.



WHO Country Representative Dr Palitha Mahipala and Brig. Dr Aamer Ikram, Executive Director of National Institute of Health (NIH) at the certificate distribution ceremony of completion of Global Laboratory Leadership Program (GLLP)-Phase II which aims to develop core competencies in laboratory experts to meet national, regional, and global disease prevention and control objectives.

Launch of Pakistan Health Facility Readiness Assessment Report for COVID-19

WHO Pakistan has launched a Pakistan Health Facility Readiness Assessment report to understand the strengths and weaknesses of the hospitals to respond to the Pandemic. WHO Country Representative, Dr Palitha Mahipala and VC OF Health Services Academy, Dr Assad Hafeez graced the launch ceremony which took place at WHO Country Office, Islamabad. Speaking on the occasion, Dr Palitha said: “The development of the tool to measure the readiness of hospitals for future emergencies is critical to strengthen Health Systems in Pakistan”

The assessment report gives hospitals the ability to address potential issues and challenges to strengthen Corona Response in Pakistan. It helps to determine improvements needed in hospitals to be sustained and spread easily across the various hospitals to best utilize resources and serve its patients. It highlights the efficiency

and quality of healthcare services during Covid-19. It is an important step towards understanding the overall situation of Health Facilities in Pakistan as it provides qualitative data to implement strategies to cope with future pandemics.



Dr Palitha Mahipala with Dr Assad Hafeez, VC of Health Services Academy (HSA), at e launch of Pakistan Health Facilities Readiness assesment for COVID-19



Dr Assad Hafeez, VC of Health Services Academy (HSA) with WHO Pakistan Country Representative Dr Palitha Mahipala and team at launch ceremony

Stepping towards Eliminating the Global Tuberculosis Threat

WHO Country Representative, Dr Palitha Mahipala has handed over TB /COVID-19 advocacy products to Dr Aurangzaib Baloch, the National Manager NTP Pakistan/Dy. National Coordinator CMU GF, Ministry of National Health Services Regulations & Coordination (MoNHSR&C).

The TB/COVID-19 advocacy products are the outcome of the collective hard work put in by the NTP team, the WHO, and the kind funding support by the USAID.



Dr Palitha Mahipala hands over significant quantity of advocacy products on TB/COVID-19 to Dr Aurangzaib Baloch, National Manager, National TB Control Program, Pakistan

Discussion on Coronavirus Crisis: Impact and Solutions

WHO Country Representative, Dr Palitha Mahipala met with Dr Yasmeen Rashid, the Honorable Provincial Health Minister, Punjab and discussed impediments that require investment and action for the development of improvement plans for Corona crisis. During the discussion, Dr Mahipala emphasized the importance of strengthening the “Integrated Disease Surveillance and Response” in the Punjab province. He expressed his interest in supporting the Government of Punjab in establishing a Communicable Disease Control Unit in the province. He appreciated the fortitude of the Minister and the Punjab health team in combating the COVID-19 outbreak.



Dr Palitha Mahipala, WHO Representative in Pakistan, meets Dr Yasmeen Rashid, Honorable Provincial Health Minister, Punjab and discuss strengthening Integrated Disease Surveillance and Response in Punjab

Discussions on Collective Efforts to Address the COVID-19

WHO Country Representative, Dr Palitha Mahipala warmly welcomed His Excellency Mr Mthuthuzeli Madikiza, the High Commissioner of South Africa, and Mr Heinrich Hattingh, the First Secretary (Admin/Cons) of South Africa at the WHO Country Office in Islamabad, Pakistan.

Dr Mahipala briefed H.E. Mr Mthuthuzeli Madikiza on the current COVID-19 situation in the country, including the response and support provided by the WHO to the Ministry of National Health Services Regulations and Coordination (MoNHSR&C) in scaling up the efforts to mitigate the COVID-19 crises in the country.



Dr Palitha Mahipala welcomes H.E. Mr Mthuthuzeli Madikiza, High Commissioner of South Africa and highlights WHO's response to COVID-19 pandemic

Flood Relief Support by WHO

WHO has donated IEHK Kits (Interagency Emergency Health Kit) and IEC Material to National Health Emergency Preparedness and Response Network (NHEPRN) to support the response and relief efforts in the wake of the recent floods. WHO Representative, Dr Palitha Mahipala handed over the kits and IEC Material to Dr Sabina Durani, Director of NEHPRN. The handing-over ceremony took place at the WHO Country Office, Islamabad, Pakistan

WHO donation included Emergency Health Kits which contained medical supplies for 3000 people for 1 month to meet different health needs in humanitarian emergencies and disasters. It also included one hundred thousand printed copies of IEC Material which focused on the transmission of Dengue, its prevention, symptoms, and immediate treatment.

Dr Durani has extended her deep gratitude to Dr Mahipala for timely donation and for always being proactive in providing technical assistance to the Ministry of National Health Services Regulation and Coordination (MoNHSR&C).



Dr Palitha Mahipala donates Emergency Health Kits and advocacy products to National Health Emergency Preparedness and Response Network (NHEPRN), Government of Pakistan to support the flood relief efforts

SDG 3: Good Health and Wellbeing

WHO Pakistan in collaboration with the Ministry of National Health Services, Regulations and Coordination has conducted a consultation meeting with National stakeholders for the development of reporting and monitoring system for SDG-3 at National and Provincial level. The meeting was opened by WHO Pakistan Country Representative Dr Palitha Mahipala and Director General Health, Dr Muhammad Safi Malik. Dignitaries including senior-level officials from DG Health office, SDGs focal persons and HMIS focal persons from all provinces graced the occasion.



Dr. Palitha Mahipala addresses at two day workshop on promoting Sustainable Development Goal 3 which ensures good health and wellbeing for everyone. Assad Hafeez VC HSA graces the occasion as well

WHO Extends Support to NDMA during Floods

Dr Palitha Mahipala has donated supplies worth 21 Million rupees to National Disaster Management Authority (NDMA). The donation included Emergency Kits containing medicines for 75,000 people for 1 month to meet different health needs in humanitarian emergencies.

Speaking on the occasion, Dr Mahipala has lauded the Government, Ministry of Health and NDMA for curtailing the COVID-19 pandemic in the country and now relentlessly responding to the flood emergency. Chairman NDMA expressed his gratitude to Dr Mahipala and WHO for standing by the people of Pakistan in this time of need and for providing unconditional and steady support to the Government of Pakistan in saving precious lives of the country.



Dr Palitha Mahipala presents shield to Chairman NDMA Lt. Gen Mohammad AFzal and donated supplies to National Disaster Management Authority (NDMA)

Donors Acknowledgement and Recognition



On 28th September 2020, WHO Pakistan has launched a video to express its deepest appreciation and gratitude to its valued partners and donor governments for their generous support that has helped the WHO Pakistan to spearhead response activities in the country. The Department for International Development, the Government of the Republic of Korea, the European Commission and the Government of Canada have provided significant financial and in-kind support for Corona response efforts. These partner contributions have enabled WHO Pakistan to support the Government of Pakistan, effectively in the early months of the pandemic, and continue to do so. Thanks to the collective efforts, the COVID-19 outbreak in Pakistan is under control and the number of cases continues to decline.



WHO Pakistan Country Representative Dr Palitha Mahipala chairing a virtual donors meeting

Emergency Assistance to the Victims of Floods in Sindh

WHO Country Representative, Dr Palitha Mahipala handed over Emergency Health Kits and Aqua Tablets to Dr Azra Fazal Pechuho, Honorable Provincial Minister of Health, Sindh in the presence of Secretary of Health and Director General Health Services for providing medical assistance to the people of flood affected areas in Sindh. Dr Azra Fazal expressed her great appreciation and thanked Dr Palitha for this generous donation in the time of dire need. Sindh has been severely affected by flash floods caused by torrential rains in August. Being fully cognizant of the impending medical needs of people affected by floods, Dr Palitha Mahipala, immediately handed over medical supplies to the Honorable Provincial Minister of Health to cater to the medical needs of people in need.



Dr Palitha Mahipala with Secretary of Health, Dr Kazim Hussain Jatui during donation ceremony



Dr Palitha Mahipala with PDEPI, Dr Irshad Memon during donation ceremony



WHO team with Secretary Health, Dr Kazim Hussain Jatui during donation ceremony

Escalation of Enhanced Outreach Activities

WHO Country Representative, Dr Palitha Mahipala along with WHO Sindh team has visited District East, Karachi to monitor Enhanced Outreach Activities (EOA). DHO East, Dr Ashfaq welcomed Dr Palitha and acknowledged WHO's support for supporting immunization activities in Sindh.

Dr Palitha visited also one of the most challenging areas where nomad population resided, and an immunization campaign was underway. Dr Palitha observed the real-time entry by vaccinators in fixed and outreach sites. Dr Palitha appreciated the perseverance of vaccinators who were carrying out their duties of vaccinating children in these uncertain times.



Dr Palitha Mahipala at Jamshaid Town, Karachi to observe immunization campaign



WHO resumes its battle against Polio



WHO Pakistan Country Representative Dr Palitha Mahipala with a Polio Team, Sindh at EPI Conference Hall

Recently, Dr Palitha Mahipala chaired a meeting with Polio team during his visit to Karachi. During this visit, Dr Zahra Seid, Acting Team Lead Sindh briefed on the Polio activities, the latest situation of Polio cases in Sindh and SNIDs campaign statistics, which were held in August 2020. She also highlighted the challenges faced by the Polio Program in Sindh. Dr Palitha Mahipala acknowledged the efforts of WHO staff in response to COVID-19 pandemic and Polio. He emphasized on microplanning and robust implementation of planned activities with a special focus on monitoring of the initiatives introduced for ensuring tangible results. He assured of his continuous support to WHO staff based in Sindh.

Training of Trainers (TOT) on Health System Response to Gender-Based Violence

As part of WHO's country support plan four days long extensive TOT course for Gynecologists on Health System prevention and Response to Gender-based Violence was conducted from 21-24 September 2020, Lahore. The training was opened by the Department of Health Punjab. The course aimed to strengthen health facility-based essential service provision for survivors facing GBV during COVID-19 pandemic. It would improve safe service provision and readiness for women and girls facing domestic violence during pregnancy and childbirth.



After completion of TOT, the participants of training with the MPA Punjab Assembly, Ayesha Iqbal and WHO team

Expansion of Expanded Programme on Immunization (EPI) Sindh

WHO Country Representative, Dr Palitha Mahipala met with partners and stakeholders at EPI Office Sindh and shared his views on the increase in immunization coverage in Sindh and encourage teamwork for EPI coverage and outreach activities.

Dr Akram paid gratitude to Dr Palitha for his leadership and praised WHO Sindh operations team (HoO, NPO EPI and all TO EPI) for their dedication and hard work in the provision of EPI services in Sindh. Dr Akram presented memento (Sindh cultural shawls and Ajrak) to Dr Mahipala and Dr Salman.



Supporting Sindh Strengthen their System to Respond to Pandemics

In the first week of September, WHO Country Representative, Dr Palitha Mahipala visited Karachi to review WHO's response to COVID-19 pandemic in Sindh. Dr Palitha held a series of meetings with higher officials of Health Department and Ministry of Health. Dr Palitha met Dr Azra Fazal, Honorable Provincial Health Minister Sindh and she thanked Dr Palitha, for providing technical and financial support to Sindh in response to COVID-19 pandemic and for implementation of Infection, Prevention & Control (IPC) practices in health facilities. Both representatives reviewed the current COVID-19 pandemic situation in Sindh and discussed at length the areas where WHO's support is still required for strengthening the healthcare system.



WHO Country Representative, Dr Palitha Mahipala meets with Minister of Health, Dr Azra Fazal to discuss opening of Education Institutions and Sindh initiative for provision of School Health Services at EOC office Sindh

WHO Pakistan Commemorates World Patient Safety Day 2020

WHO Country Representative, Dr Palitha Mahipala initiated two-day extensive activities for commemorating World Patient Safety Day in Pakistan which included illumination of historical buildings in global theme colour (orange) at federal and provincial levels across the country. On 17 September, WHO organized a webinar in which national and international experts, high officials from the Ministry of Health, Hospital Directors and WHO regional office participated. Honourable Minister of Health, Dr Faisal Sultan graced the occasion and shield was presented to him in recognition of his meritorious services in the field of health. The Honorable Federal Minister expressed his appreciation for WHO's steady technical support to the Government of Pakistan. Dr Palitha Mahipala also addressed a press conference.



Dr Palitha Mahipala addresses on World Patient Safety Day in front of the Parliament House



Dr Palitha Mahipala with WHO's Health Systems team on World Patient Safety Day

Supporting efforts to strengthen the Health Systems

World Health Organization has funded the SARA survey in collaboration with MoNHSR&C, Health Services Academy and the University of Manitoba through the technical support of EMRO.

Speaking on the occasion, Dr Palitha Mahipala appreciated the close collaboration of MoNHSR&C and HSA for carrying out SARA assessment to assess and monitor availability and readiness of the health facilities in Islamabad Capital Territory (ICT). The evidence-based information collected in this survey will support the planning and managing of the health system efficiently and cost-effectively.



Dr Palitha Mahipala, WHO Country Representative, attended the inaugural session of the Services Availability and Readiness Assessment (SARA) ICT Survey Dissemination and Roll out Planning Workshop for Provinces along with Dr Safi Malik, DG Health MoNHSR&C, and Dr Assad Hafeez, VC-Health Services Academy.

COVID-19 Quiz!

1. What does COVID-19 stand for?

- a. It's a term for Coronavirus Disease 19, because it's the 19th strain of coronavirus discovered.
- b. It's a term that stands for Coronavirus Disease 2019, the year it was first identified.
- c. Scientists decided to choose a name that sounded smart
- d. It is a culturally appropriate name

2. What other viruses belong to the coronavirus family?

- a. SARS and Influenza
- b. SARS and MERS
- c. SARS and HIV
- d. SARS and Dengue

3. How is COVID-19 transmitted?

- a. Through "droplets" when you speak, cough, or sneeze
- b. Through blood
- c. Because of pollution
- d. By consuming contaminated water

4. What are the possible symptoms of COVID-19?

- a. Fatigue
- b. Fever
- c. Body aches
- d. All of the above

5. How can you tell if someone you meet has COVID-19?

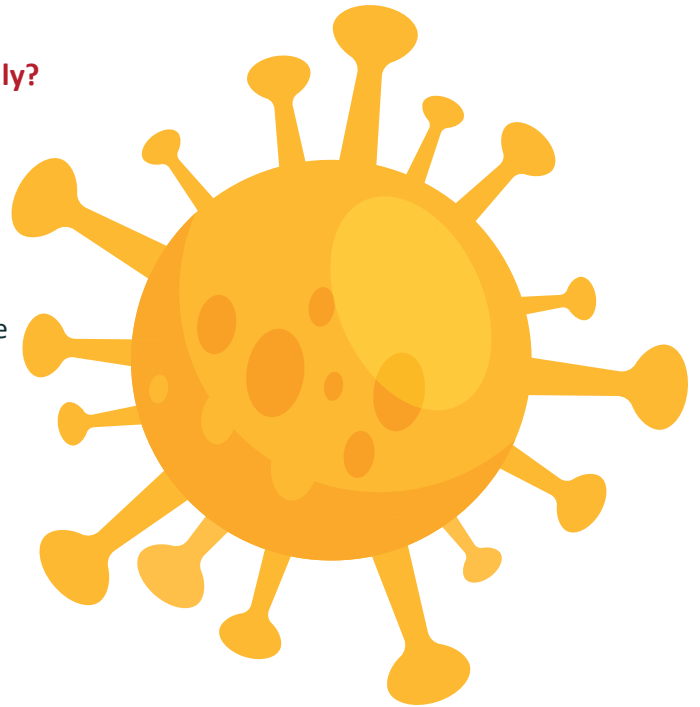
- a. Only a laboratory diagnosis can be trusted to truly diagnose COVID-19
- b. All COVID-19 patients have symptoms, making it easy to tell who has the disease
- c. It is possible to tell if someone has COVID-19 just by looking at them
- d. You should trust your gut feeling about other people having COVID-19

6. You can stay safe from COVID-19 by:

- a. Avoiding cold water, frequently drinking green tea, and sleeping early
- b. Meeting friends often, using shopping to deal with stress, and waking up early
- c. Maintaining at least a 1 meter distance from each other, frequent hand cleaning, and wearing masks
- d. None of the above

7. On which of the following continents has COVID-19 NOT been detected

- a. Africa
- b. Europe
- c. Asia
- d. Antarctica



1- b
 2- b
 3- a
 4- d
 5- a
 6- c
 7- d

Key:



World Health Organization

Website: www.who.int/countries/pak/en/

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