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Healthcare strategies and initiatives about COVID19 in Pakistan: Telemedicine a way to look forward

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A B S T R A C T

The COVID-19 pandemic is one of the unprecedented devastating catastrophes with severe public health threat globally. Low and middle income countries (LMICs) are trying hard to cope with the rapidly changing global scenario and trying to mitigate this double crisis of pandemic and economic recession [1]. This pandemic, has led to major changes in global and regional health care delivery proceedings with surge in telemedicine to provide the required services and also giving priority to control the disease spread [2,3].

Though the telemedicine or telehealth is not new to LMICs as it has been improved the health system in remote areas but resulted in cost reduction [4] but also proven significant during Covid19 pandemic era [5]. Above all, patients’ perspective and priorities such as convenience, access, exposure risk and cost are also beneficial in this context [6]. The challenges of misinformation, social distancing practice, hand hygiene, face mask use and staying home to mitigate impact of pandemic were addressed specially in urban areas where chances of devastations are high because of increased population density leading to excessive burden on health care system, resources and community in Pakistan and worldwide [7,8].

The public health preparedness and response system for epidemics was not robust in Pakistan but from last few years, several initiatives have been taken to reform healthcare system based on previous experiences against dengue, measles and polio. Public health measures were initiated quite systematically; involving coordinated, timely, sustained and simultaneous multi-pronged activities including complete, partial and smart lockdown in different phases and in different cities for variable time [9]. A committed response observed from international agencies, national organizations and humanitarian development partners; World Health Organisation advocated to make infection prevention control an integral part of COVID19 care and providing recommendations to improve compliance [10]. These organizations not only facilitated healthcare delivery in improving testing capacity, provisions of personal protective equipments to health care professionals and helped locals in

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building up the capacity of quarantine and isolation but also were able to deliver daily consumable items to those who were in need. Besides, Pakistan is ramping up local production capacity of essential medical supplies to become secure and self-sufficient in the fight against coronavirus. Pakistani government itself directly distributed cash to large number of families through “Ehsas” program with aim to counter the economic hardship being experienced by the vulnerable population. The government designated certain hospitals both in public and private sector where most of the symptomatic and sick patients infected with ‘novel coronavirus’ were managed. In this pandemic health care institutions were required to act rapidly and adapt to this emergent situation by designing ways to enhance patient’s safety, providing them the desirable care to achieve favorable outcomes [11,12].

Moreover, the Telemedicine centers established and practiced in government sector in Pakistan at a large scale for the first time which played an important role. The helplines were created and the representatives were trained with basic knowledge of corona virus disease as well as the temporary medical centers were established in all the major cities where COVID19 positive patients were quarantined, isolated and managed medically. The government has also issued an advisory that provides corona related information comprehensively [13]. The healthcare professionals although playing their role being front liner but the participation, cooperation and support from every walk of life was equally important, specially politicians, scientist, law enforcing agencies and above all the community itself. Not only proper diagnosis and management was important but it was also crucial to address prevention, panic control, provision of food and essentials to those who were needy, restoration of business in safe way mostly encouraging online dealing.

Despite the fact of several strengths of these mitigating strategies at macro and micro levels in Pakistan, there are few areas needed to be highlighted which might have influenced the implementation success of these strategies [14]. Public response to SOPs was adequate in first wave but once lockdown was over and schools and universities opened then it resulted in progressive deterioration in compliance to SOPs. It led to the second wave and during this wave there was smart lock down practiced and public places and educational institutes were warned and monitored for SOPs implementation. Community is seen divided in a small proportion meticulously practicing SOPs and majority of population with low literacy and low income are not practicing and not believing it to be other than a seasonal flu. This grave difference in behavior is definitely influencing the success of mitigating strategies. On the other hand, another factor is the myths, practices of healthcare professionals associated with vaccination being offered to them. This factor might influence the success in coming weeks. Informing, educating and changing behaviors need a lot of working with communities and their leaders to sustain the success of pandemic management in Pakistan [15].

The pandemic is not yet declared over as shown in the official COVID19 dashboard as shown in Fig. 1 (assessed on march 19, 2021) to monitor cases statistics within Pakistan [16]. Though, the public health measures in current pandemic were initiated quite systematically and in a coordinated fashion but these initiatives will need to be updated, scaled-up and maintained in order to handle new and more virulent strain of coronavirus. In resource limited settings like Pakistan, the establishment and contribution of telemedicine has shown great potential not only for current pandemic crisis but a potential continuous process that may also provide various feasible dimensions in dealing with health system challenges in Pakistan [17]. Other similar resources settings can learn from this experience and adopt required and feasible telemedicine aspects.

Declaration of Competing Interest

All authors declared none.

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