



Short Communication

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Pakistan's Adaptation to COVID-19 Pandemic, Personal Perspective and How it Compares to NHS

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COVID 19 has been a major challenge for all over the world. I have been trained and been working in UK and Ireland for almost 20 years. I lived through the pandemic here in UK and visited Pakistan to see my parents in 2020. During my visit, all my family including myself contracted COVID-19. I share my observations which were mixture of some good aspects and other challenges and difficulties when compared to NHS.

NHS despite constraints on resources and winter pressure is one of the best and resilient organization in the world. No doubt this was severely tested in COVID-19. Not only that we were challenged and had to stop a lot of elective work but had to quickly adopt to new ways of working and accommodating patients. Priority was to make beds available for patients with COVID-19 Pneumonia.

In Pakistan, public and private health care systems run in parallel. The public sector is managed provincially to provide healthcare to the general population. The administrative and fiscal space of provinces has increased manifold with simultaneous increases in their responsibilities, however they remain deficient in health workforce and facilities, relative to the size of the population (3).

The private sector plays a vital role in the delivery of healthcare services in Pakistan. Most private hospitals, clinics, and health related facilities are in urban areas and are well-equipped with modern diagnostic facilities. These private healthcare options are in greater demand than healthcare available through the public sector (3). However, there is cost involved to this which varies significantly depending on quality of facilities and services provided. Pakistan could have become a hotspot for COVID-19 owing to its high population of more than 200 million and its struggling health care and economic systems. Pakistan was able to tackle the challenge with relatively mild repercussions (1-2)

My parents are elderly and have underlying health conditions including Diabetes, Asthma and Hypertension. Once they both contracted COVID-19, I started worrying as they were both high risks. This was before vaccines became available. Local private laboratories had already established a system where they can do a COVID-19 test at home. I took my dad to local hospital when his symptoms worsened. His chest X-ray confirmed COVID-19 Pneumonia and he was needing oxygen. Dad refused to stay in hospital. I also did not have very pleasant experience during brief period we stayed there. My main concern was around nursing care which was poor quality. Nurses were over worked, less trained and did not follow infection control measures. This was in one of the well reputed private Hospital in the town. What happened over the next few days was like a storm. It was the most difficult, stressful, and challenging time for me. However, when I reflect certain things worked well.

Unlike UK, we were able to buy oxygen from a pharmacy without prescription. It was relatively inexpensive. We were able to administer oxygen at home. With small pulse oximeter, I managed amount of oxygen delivered. However, we had no education around how to administer oxygen from the pharmacy. I knew due to my work and was aware of risks associated with it. Oxygen Cylinder usually had capacity of 2000 psi and needed refilling in 24-48 hours, so we had to make sure not to run out. I could have bought oxygen concentrator which became more widely available later in the Pandemic, however they were relatively expensive.

Most antibiotics are available over the counter in Pakistan. Due to significant demand of steroids and fear that it may be bulk bought by public, Govt. rightly introduced measures where steroids were only available on Prescription. Azithromycin was widely used in community in Pakistan (5) this was also my observation and patients would buy Azithromycin before even consulting doctors. Clinical Trial in UK did not justify the routine use of azithromycin for reducing time to recovery or risk of hospitalisation for people with suspected COVID-19 in the community (4). Remdesivir was only available on prescription. It was dispensed from Hospital based pharmacy and administered by nurses twice a day at home for my parents.

Antibiotics availability in Pakistan without prescription is concern regarding widespread resistance and pandemic was the best example how this negatively impacted as people were hoarding antibiotics after reading on social media.

Meanwhile in UK shelves were emptied of paracetamol and Ibuprofen as antibiotics needed prescription. Virtual consultations became readily available in Pakistan. I was impressed by the availability of senior Respiratory consultants on a short notice. In Video consultation they picked up some important aspects of care. Technology has really helped and any evidence emerging from around the world was quickly shared among medics and effective practices like proning was encouraged. I was able to use nebulized medications at home without fear of aerosol generation. Phlebotomy service was available to take samples from home.

Initial 3 days which were extremely difficult for me as I was caring for my unwell elderly parents in home environment. I had to monitor their vitals, administer intravenous and nebulized medications as well as do general care for them. This would be carried out in a HDU bed in NHS equipped with allied health care professionals along with nurses and doctors. I was also ensuring there was constant supply of Oxygen and medications. Oxygen cylinders were changed in timely fashion before they run out as there was no alarm. After initial 3 days I was able to get nursing help at home 24/7. Their nursing knowledge was minimum, but they were good carers. They did not adhere to the social distancing guidelines. That did not help with the spread of virus in the community.

My impression was that both primary and secondary care health providers had more liberty in Pakistan to treat patients at home which probably helped to keep burden manageable in Hospitals however there was no system to ensure the safety and accountability. I was lucky to have a positive outcome combined by application of my knowledge and using the available resources effectively in my favour.

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