NUS National University of Singapore | ISAS Institute of South Asian Studies

ISAS Brief

No. 823 – 2 February 2021

Pakistan's COVID-19 Vaccination Challenges: Supplies, Trust, Transparency and Co-operation

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Summary

As the world reels from the COVID-19 pandemic, the promise of relief from vaccines has ushered both hope and concern over new sets of challenges. In Pakistan, the need for vaccines has acquired a critical urgency. By the end of January 2021, the country's cumulative total of confirmed COVID-19 cases reached 543,214 with 11,623 deaths. To date, the country's health authorities have approved three vaccines for emergency use and some half million doses are set to arrive from China this month. However, a low-income country with the fifth largest population in the world, fundamental questions remain concerning how the vaccine shortage will be met. There are also concerns that politics and trust are issues which will impede a successful vaccination rollout.

As the world reels from the complex, intertwined and enduring crises brought on by the COVID-19 pandemic, the promise of relief from vaccines has not only ushered hope but also concern over new sets of challenges. Issues of access, efficacy and side-effects have emerged as subjects of heated debate across the globe as working vaccines were discovered. Moral, ethical and theological concerns also arose as governments and public health institutions rushed to approve the emergency use of suitable vaccine candidates. Where should the vaccine be sourced? Who should get the vaccine first in a population? How should the distribution take place? What would be a practical timeline? Should inoculation be voluntary or mandatory? Does the vaccine meet appropriate religious criteria for use? How do we balance individual choice and broader public interest? The answers to these questions remain incomplete and contested.

In Pakistan, the need for vaccines has acquired a critical urgency, not simply to allow the country to return to some sense of normalcy but also to stop preventable deaths, suffering and pressure on the healthcare system. On 26 February 2020, the country recorded its first confirmed case of COVID-19. By the middle of March 2020, cases emerged across the country from its major cities to its most outer frontiers. On 18 March 2020, Pakistan recorded its first COVID-19 death. While the first wave of the pandemic proved disastrous, it revealed major governance issues in the country as central and provincial governments scrambled to contain the virus, often issuing contradictory or conflicting positions, advice and dictates on the crises. These developments stem from historical sources of contestation over the constitutional structure of the federation. The tensions demonstrated how the pandemic exacerbated existing social and political conflicts in the country. The evolving crises also revealed the expanding role of the military in governance, decision-making and response to the pandemic. It also exposed the lack of legal measures needed to respond with some degree of organisation and precision at the outset of the outbreak. On 13 June 2020, Pakistan recorded 6,825 cases – its highest number in a single day. However, by August 2020, and despite low numbers of testing, the country appeared to have found some

success as numbers gradually lowered. As scholars and commentators debated the cause of this decline, Pakistan recorded just 331 cases by the 3 August 2020.

However, this respite was short-lived. As the second wave of the pandemic struck in the autumn of 2020, Pakistan appeared to be able to do little to hold the numbers down. The country set aside US$150 million (S$199.4 million) to cover five per cent of its most vulnerable population as the death toll continued to rise. But questions surrounded where and how Pakistan would source its share of the vaccines as wealthier nations moved quickly to "clear the shelves". On 8 December 2020, 89 COVID-19 deaths were recorded in Pakistan within 24 hours. While neighbouring India has large-scale domestic manufacturing capabilities to produce billions of doses (and it started producing the vaccines and inoculating its citizens), Pakistan's own vaccine industry remains underdeveloped. Also, unlike Bangladesh, Islamabad had not placed advance orders with foreign vaccine makers. The question of whether Pakistan can overcome frosty relations with its eastern neighbour to acquire Indian made vaccines has been a point of speculation.

In mid-January 2021, the Drug Regulatory Authority of Pakistan approved the Oxford-AstraZeneca vaccine, the Chinese state-owned SinoPharm vaccine and the Russian-developed Sputnik V vaccine in quick succession. This raised some alarm bells. The Pakistan Medical Association questioned the government's vaccination strategy, issuing calls to be included in the state's plan to procure vaccines, determine their efficacy and develop the vaccination programme. The Secretary General of the Association, Dr Qaisar Sajjad, lamented the communication gap between the government, the Association and the public, saying that even doctors did not often know where to go for treatment of infection. As the federal government secured promises of 1.1 million doses of the SinoPharm vaccine from China and 17 million doses of the AstraZeneca vaccine from the World Health Organization through the COVAX scheme, cooperation between all levels and arms of government will be required for the successful distribution of vaccines which looks to present an unprecedented "humongous logistical challenge".

A successful vaccine rollout will also require cooperation between staunch political rivals, transparency and inclusion of medical and health professionals in decision making. Moreover, countering antivaxxer movements and sentiments in the country looks to be a gargantuan obstacle facing the vaccine rollout. Pakistan's failure to eradicate polio is a grim indicator of the mistrust of public health institutions and foreign medical workers and assistance. As misinformation on COVID-19 remains rampant, experts assert that reducing vaccine hesitancy will require neutralising misleading narratives, quashing conspiracy theories, close regulation of mass media and effective cooperation among community groups and leaders, and government and public health authorities.

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