



Pakistan's COVID-19 Crisis

Crisis Group Asia Briefing N°162

Karachi/Islamabad/Brussels, 7 August 2020

What's new? Hoping to mitigate COVID-19's economic toll, Imran Khan's Pakistan Tehreek-e-Insaf government lifted a countrywide lockdown in May, leading to a spike in cases. August could see another surge since the public, misled by the clergy and mixed messaging from the government itself, may disregard precautions during religious festivities and ceremonies.

Why does it matter? Climbing infection rates could overwhelm ill-equipped health systems and hinder economic recovery. If citizens are denied health care or adequate aid as the economy contracts, public anger is likely to mount, potentially threatening social order. Militants could take advantage, as they have in the past.

What should be done? The federal government should guide provinces on pandemic policy and help reinforce their health systems but also permit them to devise their own local strategies guided by medical experts. It should work with the parliamentary opposition on its response, particularly on providing a safety net to vulnerable parts of society.

I. Overview

On 9 May, the Pakistan Tehreek-e-Insaf government almost completely lifted a nationwide lockdown it had imposed in late March to counter COVID-19. Pakistan subsequently saw a surge in cases, placing it among the top twelve pandemic-affected countries worldwide. The government justifies the easing of nationwide restrictions on economic grounds; indeed, the lockdown's toll on the most vulnerable, workers and the poor has been brutal. Yet signs of economic recovery since it was lifted are few, while the virus threatens to overwhelm ill-equipped and under-funded health systems. Rising anger and alienation among citizens could threaten social order, potentially giving militants an opening to gain support. The federal government should revise its approach. It should seek consensus with political rivals on its coronavirus strategy, pay greater heed to public health experts, if feasible step up aid to families unable to get by and give the provinces more leeway to lead local efforts to deal with the public health crisis.

The government's mixed messaging and misinformation from some religious leaders mean that many Pakistanis disregard public health advice. Prime Minister Imran Khan's initial downplaying of the pandemic's health risks led to widespread public disregard for social distancing procedures. The removal of restrictions on communal prayers in mosques also increased the risks of new virus clusters. Many clerics

advocate religious practices that undercut physical distancing and other preventive measures; they tell worshippers that piety alone, and not health practices, will determine their fate. The federal government's easing of lockdown measures, despite warnings by the political opposition and medical professionals that transmissions would surge, and the further lifting of the lockdown, on 9 May, encouraged public complacency. Though the government now urges people to respect social distancing rules, these calls are largely ignored. Many believe that the pandemic is over.

The federal government's adoption of what it calls a "smart lockdowns" strategy may not be enough. The strategy entails removing restrictions in specific areas within cities or regions where the authorities assess that case rates are relatively low and imposing them where they are high. But poor data and low testing rates have hampered efforts to "track, trace and quarantine", which involve identifying and isolating virus carriers and their contacts and placing hot-spots under quarantine, and are essential to curbing the virus. With COVID-19 spreading in densely populated cities such as Karachi, Lahore and Peshawar, limited closures are unlikely to prevent contagion. While city hospitals are better prepared to deal with the pandemic than some weeks ago, they could again be overwhelmed should cases surge in August, particularly if citizens ignore precautions during Eidul Azha celebrations and the month of Muharram, when large mourning processions are held. The virus has also spread to rural regions, where the health infrastructure is even weaker.

The federal government's centralised decision-making has often made things worse. It has refused to share authority, even though the constitution grants the provinces responsibility for the health sector. Islamabad's pandemic policies, devised by the top political and military leadership, have prevailed over provincial preferences, with court rulings strengthening centralised control. The Pakistan Peoples Party's government in Sindh, the sole opposition-led province, has promoted rigorous restrictions, for instance, but has been unable to implement them in the face of Islamabad's resistance. The federal government has also been reluctant to work with parliament or main opposition parties to forge a united response. The acrimony is rooted in contested mid-2018 elections, though the opposition has repeatedly offered to assist the government in containing the pandemic.

The public health crisis and economic downturn could be devastating, particularly if people feel it is mismanaged. Anger at the government and social tensions will mount if citizens sense that the government is not adequately looking after their health and wellbeing. In the past, militant groups have exploited such opportunities to gain local support.

While COVID-19 leaves Pakistan's government few good options, some steps could minimise harm to lives and livelihoods. The prime minister's fears about the toll of lockdowns are well justified. Yet the economy is unlikely to start moving unless the authorities can keep the virus at bay. Adapting the smart lockdown strategy might avoid the pain of a prolonged lockdown while still saving lives. This could mean allowing provinces, if medical experts so advise, to lock down entire cities and urban districts for short periods, instead of limiting them to partial closures. More broadly, the government should guide the country's response but give provinces leeway to devise policies tailored to local needs. Bolstering the provinces' health capacity – particularly testing – should remain a top priority. Emergency assistance to families that fall under the poverty line and unemployed workers remains critical. Prime

Minister Imran Khan's – and the country's – interests would also be best served by working with the opposition to forge consensus on managing the consequences of an unprecedented and potentially destabilising health crisis.

II. Responding to the Pandemic

A. Early Missteps

As happened in many other countries, early missteps overshadowed the Pakistan Tehreek-e-Insaf government's response. In February, the government refused to repatriate hundreds of Pakistani students in Wuhan, China, fearing they would spread the virus. In itself, the decision appears to have been sensible, though perhaps the government could have brought them home but quarantined them. Yet despite its caution with citizens in Wuhan, it failed to properly screen inbound travellers, many of whom carried the virus.¹ The first confirmed COVID-19 case in Pakistan was that of a Karachi student returning from pilgrimage in Iran on 26 February. Shia pilgrims coming home from Iran, at the time the region's worst-hit country, formed the first major cluster of imported infections. The government quarantined hundreds of pilgrims in overcrowded, unhygienic conditions near the Iranian border but then allowed them to leave for their home provinces without adequate testing or isolation, spreading the virus throughout the country.²

The first major cluster of locally transmitted infections occurred when the ruling party's Punjab government delayed a decision to cancel the Sunni proselytising group Tableeghi Jamaat's major annual congregation (*ijtema*), due to take place for five days from 11 March. The organisers ultimately cancelled the *ijtema*, but only on 12 March, by which time an estimated 100,000 believers, including around 3,000 foreigners, had already set up camp together in close quarters. Had the Punjab government given "clear instructions", a Tableeghi Jamaat follower said, "the event would not have happened".³ After its cancellation, most participants left, but a few hundred stayed on at the organisation's Raiwind headquarters. They, too, were allowed to leave for their home provinces without being tested or isolated; Tableeghi Jamaat members also went on preaching missions throughout the country. Large clusters of virus transmission in at least two provinces, Punjab and Sindh, have been traced to Tableeghi Jamaat members who had participated in the Raiwind *ijtema*.⁴

¹ International flights continued to operate until 21 March.

² Between 28 February and 15 April, 7,000 pilgrims returned from Iran, 6,800 through the Taftan border crossing, where many were initially quarantined. "7,000 pilgrims have returned from Iran since February: FO", *Dawn*, 19 April 2020.

³ The Punjab police put numbers at 70,000 to 80,000. Other estimates were as high as 250,000. Asif Chaudhry, "Tableeghi Jamaat in hot water in Pakistan too for Covid-19 spread", *Dawn*, 8 April 2020.

⁴ "Limiting the spread," *Dawn*, 2 April 2020; "27 per cent of Pakistan's Covid-19 cases linked to Raiwind *Ijtema*: report", *The Express Tribune*, 23 April 2020.

B. *Pandemic Policy in Pakistan's Fractured Polity*

The Pakistan Tehreek-e-Insaf government was slow to respond as the pandemic spread. The first cabinet meeting devoted to the subject was held on 13 March, weeks after the confirmed case in Karachi.⁵ The federal government's approach was then shaped by an adversarial relationship with the opposition and an overreliance on the military's support.

At a time when political consensus was most needed in forging a national response to the pandemic, the federal government's relationship with the two largest opposition parties, Nawaz Sharif's Pakistan Muslim League and Bilawal Bhutto Zardari's Pakistan Peoples Party, was strained. The antagonism had its roots in the contested July 2018 elections. Both main opposition parties attributed Imran Khan's victory to manipulation. After forming a government with a razor-thin majority, and entering into coalitions with smaller parties, Imran Khan's survival tactics have been twofold: to consolidate ties with the country's powerful military, and to weaken opposition parties by targeting their top leaders, including by charging and imprisoning them on corruption allegations.

By mid-March, as cases of local transmission began to mount, particularly in large, densely populated cities such as Karachi, Lahore and Peshawar, both opposition parties offered to cooperate to counter the pandemic. The federal government, however, chose to sideline parliament, where the opposition had a strong presence.⁶ Tensions over the direction of pandemic policy also increased between the centre and Sindh (of which Karachi is the capital), the sole opposition-led province.

On 23 March, Sindh's Pakistan Peoples Party government was the first to impose a province-wide lockdown. Warning of the health dangers, the provincial government urged the centre to devise a national strategy, including through robust shutdown measures. Addressing the nation on 23 March, Prime Minister Khan, who himself holds the federal health portfolio, initially ruled out a countrywide closure, saying it would adversely affect the poor and working class.⁷ Calling for national consensus and coordinated efforts before the health crisis turned into "a catastrophe", Pakistan Peoples Party leader Bhutto Zardari responded, "If we are a poor country, we need to lock down more quickly".⁸ The military weighed in, supporting a lockdown and deploying troops countrywide to assist civilian administrations in enforcing it. Hours after the prime minister's address, the federal government reversed course, agreeing to impose a nationwide shutdown, which it subsequently extended until 31 May.

The initial responses of Pakistan's four provincial governments varied. Sindh was quick in imposing stringent restrictions on non-essential businesses and public movement. Though hindered by limited resources, it also began to aggressively test

⁵ "Pakistan closes western borders, bans public gatherings as coronavirus cases rise to 28", *Dawn*, 13 March 2020.

⁶ Because of the political discord, a special pandemic-related parliamentary committee has been dysfunctional since it was set up on 26 March. Composed of both the federal parliament's houses, with ruling and opposition party representatives, it was meant to review, monitor and oversee issues related to COVID-19 and its impact on the economy.

⁷ "PM rules out lockdown, disapproves of panic buying", *Dawn*, 23 March 2020.

⁸ "If we really care about the poor", he said, "we need to move faster because the poor are more threatened". "Bilawal wonders at PM decision of not ordering countrywide lockdown", *Dawn*, 23 March 2020.

people and isolate positive cases.⁹ The three ruling party-controlled provinces, Balochistan, Khyber Pakhtunkhwa and Punjab, also imposed lockdowns. Yet, apparently guided by the prime minister's aversion to these measures, they opted for looser restrictions, particularly in Punjab, which soon allowed several types of businesses to reopen.

Tense relations between the government and its rivals also hindered coordination between the capital and opposition-held Sindh and among provinces themselves. The Sindh government held the federal leadership responsible for hampering its response. It argues that Islamabad's support was insufficient, whether in assisting provincial safety protection schemes or providing pandemic-related medical equipment, which, according to the Sindh government, was available but not equitably distributed.¹⁰ Inter-provincial coordination was also poor, echoing friction between Khan and his opponents.¹¹ The three ruling party-held provinces seemingly took their lead from Islamabad's aversion to working with Sindh.¹²

Much decision-making related to the pandemic has taken place in the federal capital. The main bodies responsible, set up in mid-March, reflect the government and military leadership's preference for a centralised approach. On 13 March, the National Security Committee, the apex civil-military body, set up a National Coordination Committee for COVID-19, chaired by the prime minister and including Army Chief Qamar Javed Bajwa, the four provincial chief ministers and senior military officers. The National Command and Operation Centre, which sends the committee recommendations on pandemic policy, is headed by the federal minister for planning and development and includes relevant federal and provincial ministers and also several senior military officers.

The stated objective of setting up these two bodies was to bring the federal and provincial governments and military leadership together.¹³ In principle, responsibility for the health sector lies with the provinces, not the capital.¹⁴ In practice, however, the top political and military leadership in the centre controls pandemic policy, often

⁹ Editorial, "Sindh leads the way", *Dawn*, 28 March 2020; Talat Masood, "Leadership is facing its real test", *The Express Tribune*, 2 April 2020.

¹⁰ Amir Wasim, "Barbs fly in NA over fight against Covid-19", *Dawn*, 12 May 2020; "PPP calls federal govt 'incompetent', blames it for virus spread", *The News*, 2 May 2020.

¹¹ Maleeha Lodhi, "Fault lines in focus", *Dawn*, 11 May 2020. Dr Lodhi was Pakistan's permanent representative to the UN (February 2015–October 2019), and twice appointed Pakistan's ambassador to the U.S. See also "Sindh's Murtaza Wahab says federal govt 'didn't take lead' over coronavirus pandemic", *The News*, 29 March 2020; "Sindh refutes centre's claim of providing medical equipment", *Dawn*, 17 May 2020.

¹² Fizza Batool, "Pakistan's Covid-19 political divide", *South Asian Voices*, 12 May 2020.

¹³ The National Coordination Committee includes the director general of Inter-Services Intelligence directorate, the military's premier intelligence agency, and the director general of military operations. The command and cooperation centre, according to a military spokesperson, was formed "to collect, analyse and collate information received from the provinces and forward recommendations" to the coordination committee so that it could "make timely decisions". "Can't afford 'indefinite' lockdown: DG ISPR", *The Express Tribune*, 4 April 2020; "Corona has economic, psycho-social impacts: General Qamar Javed Bajwa", *The News*, 23 April 2020. See also Zeeshan Ahmed, "A look inside Pakistan's Covid-19 response", *The Express Tribune*, 2 May 2020.

¹⁴ The 2010 constitutional amendment, which restored federal parliamentary democracy after a decade of military rule, gives provinces this mandate.

overriding provincial concerns, not just in opposition-led Sindh but also in the three ruling party-led federal units.

On 14 April, Prime Minister Khan extended the nationwide lockdown until 30 April but also relaxed restrictions. Several non-essential industries, including construction, reopened. Khan said there was “98 per cent consensus among all provinces and the centre on the reopening of some sectors”.¹⁵ Yet the Sindh government, disagreeing, opted to retain stricter measures for another two weeks. While acknowledging that it was constitutionally empowered to do so, the federal minister in charge of pandemic response warned the provincial government against resisting Islamabad’s directives.¹⁶ Judicial intervention then strengthened the centre’s control over pandemic policy. In a *suo moto* (on its own volition) hearing on the virus crisis in mid-April, the Supreme Court chief justice called for a uniform policy, warning Sindh not to close businesses and services that generate revenue for the federation. The Sindh government then gave in to the centre’s wishes.¹⁷

C. *Mixed Messaging and the Power of the Pulpit*

The mid-April decision to ease the lockdown and the federal government’s mixed messaging about the pandemic left the public confused about its gravity. Early in the crisis, in a televised address on 17 March, Prime Minister Khan had downplayed health risks. “There is no reason to worry”, he said, since 90 per cent of the infected would have mild flu-type symptoms and 97 per cent would recover fully.¹⁸ A mid-April decision to reopen mosques for communal prayers further muddled the state’s message.

When the nationwide lockdown was first imposed, provincial governments barred mosques from holding communal prayers. Mosques remained open but only five mosque administrators could participate in prayers. The police were tasked with enforcing the restrictions, which were largely respected in major cities. When clerics violated the curbs in Karachi, for example, police temporarily detained most offenders; charges were lodged against others for inciting violence against police officers.¹⁹ As a result, most mosques in Sindh’s cities complied with the health restrictions.²⁰

In contrast, Islamabad’s police registered cases but made no arrests when Lal (Red) mosque’s hardline clerics openly violated restrictions. Clerical leader Abdul Aziz released footage of large congregations attending Friday prayers.²¹ When the police tried to barricade the mosque’s entrance, female madrasa students blocked the road.²²

¹⁵ “PM Imran Khan extends lockdown for two weeks”, *The Express Tribune*, 14 April 2020.

¹⁶ “PM extends lockdown for two weeks”, *The Express Tribune*, 15 April 2020; “Centre assails Sindh govt over ‘stricter’ lockdown”, *Dawn*, 16 April 2020.

¹⁷ “Sindh can’t close entities paying taxes to centre: SC”, *The Express Tribune*, 4 May 2020.

¹⁸ “PM Imran tells nation to prepare for a coronavirus epidemic, rules out lockdown”, *Dawn*, 17 March 2020. See also Khurram Hussain, “Addressing the confusion”, *Dawn*, 2 April 2020.

¹⁹ “Prayer leader, six others sent to jail on judicial remand in Sindh”, *The Express Tribune*, 5 April 2020.

²⁰ “Has the federal govt erred by not closing mosques in Ramadan?”, *Pakistan Today*, 30 April 2020.

²¹ Kalbe Ali, “More than 50 clerics warn govt not to further restrictions on prayer congregations”, *Dawn*, 14 April 2020.

²² In early June, the federal government reportedly reached agreement with Abdul Aziz, mediated by the leader of a banned sectarian group; the police were to remove blockades in return for Aziz’s commitment to vacate the mosque. “Capital administration, former Lal Masjid cleric reach agreement”, *Dawn*, 3 June 2020.

The Khan government might have hesitated in taking action against the Lal Masjid clerics, fearing a repeat of the bloody July 2007 standoff, when a military operation against heavily armed jihadists in the mosque left 100 militants and eleven soldiers dead.²³ Yet in refraining from taking action, it risked creating a major virus cluster in both the federal capital and its twin city, Rawalpindi.

On 18 April, without consulting provincial governments, President Arif Alvi agreed with major religious leaders to reopen mosques nationwide for communal, including *taraweeh* (special Ramadan), prayers – but under conditions.²⁴ The agreement specified safety and health precautions, including social distancing, and tasked mosque administrations with enforcing them. To violate the measures, the president said, “would be like a sin because all *ulema* and *mashaikh* (religious scholars and spiritual leaders) have agreed” to them.²⁵ Justifying the decision, Prime Minister Khan said he was heeding popular demand. “Pakistan is an independent nation”, he said. “Ramadan is a month of worship, and people want to go to mosques”. His government “could not forcibly tell them not to do so”.²⁶

Yet many clerics have flouted the agreement’s terms. During Ramadan, when mosque attendance is at its highest, clerics made little effort to enforce the protocols.²⁷ Thousands prayed in packed mosques, ignoring health measures and creating new hot-spots of viral infection.²⁸ Many clerics appear to have told worshippers to demonstrate piety by praying shoulder to shoulder, warning that the pandemic is a punishment for erring Muslims’ sins, arguing that the faithful are immune and that life and death are in God’s hands alone.²⁹ As a result, many who regularly attend mosques either believe they will not contract the virus or that prayer will protect them.³⁰ Many also chose not to get tested or treated due to religious and social stigma attached to the disease.³¹

²³ For details of the Lal Masjid operation, see Crisis Group Asia Report N°164, *Pakistan: The Militant Jihadi Challenge*, 11 March 2009.

²⁴ Several senior clerics had warned the federal government against retaining restrictions on mosques. “More than 50 clerics warn govt not to further restrictions on prayer congregations”, *Dawn*, 14 April 2020.

²⁵ “PTI govt, Ulema agree on SOPs for Ramazan amid coronavirus outbreak”, *The Express Tribune*, 19 April 2020.

²⁶ “‘We are an independent nation’: PM Khan responds to questions over keeping mosques open”, *Dawn*, 21 April 2020. On 21 April, prominent doctors called on the government and religious leaders to reconsider their agreement, warning that removing curbs on communal prayers would create viral clusters and “unwanted loss of lives”. “Failure to close mosques, control virus in Pakistan may be bad for entire Muslim ummah: doctors”, *The News*, 21 April 2020.

²⁷ A survey of mosques in Punjab and the federal capital during Ramadan found that 85 per cent had violated health and safety protocols. Kamila Hayat, “Duel till death”, *The News*, 30 April 2020; “Violations of SOPs for mosques aggravates virus situation in KP”, *Dawn*, 6 May 2020.

²⁸ “Violations of SOPs for mosques aggravates situation in KP”, *Dawn*, 6 May 2020.

²⁹ In an Al Jazeera interview, Lal Masjid cleric Aziz said, “In our [religious leaders’] opinion, this is a punishment from God, and is coming because we have filled the world with sins”. Another religious leader said, “there is no coronavirus. This is just a movement to try and target religion and mosques”. Yet another insisted that the only way to get rid of the virus would be to seek forgiveness from God through prayers in mosques. “Pakistanis gather for Friday prayers defying coronavirus advisory”, Al Jazeera, 17 April 2020; “Mosques remain closed amid strict lockdown”, *The Express Tribune*, 4 April 2020; “‘God is with us’: Many Muslims flout the coronavirus ban in mosques”,

III. The Economy, Health Policy and Social Support

On 9 May, after extending relatively weak pandemic-related restrictions for two weeks, the federal government ended the lockdown. Prime Minister Khan insisted that the decision was taken with the provinces' consensus, but Sindh's chief minister said Islamabad imposed its will.³² The Punjab and Balochistan governments, held by the ruling party, also warned against lifting restrictions.³³ The judiciary again weighed in. On 19 May, during the coronavirus *suo moto* case hearings, the Supreme Court noted that provinces were constitutionally bound to follow Islamabad's directives.³⁴

Though the federal government said it would lift the lockdown in phases, by mid-June the country was almost fully open for business. Schools remained closed but all markets and shopping centres were operating and restrictions on most non-essential businesses had been removed. Borders with Iran and Afghanistan were reopened, domestic and international flights resumed, and several train services started up again, as did local public transport. Punjab reopened shrines that traditionally attract large numbers.

Prime Minister Khan's justifications for lifting the lockdown were twofold: the burden on the poor and working class, and the adverse impact on the national economy. Announcing the National Coordination Committee's decision to cancel the closures on 7 May, he said, "We are doing it because people are facing extreme difficulties. Small business owners, daily wage earners and labourers are suffering. We fear that small and medium-sized industries might vanish completely if we don't lift the lockdown".³⁵ A week earlier, preparing the ground for the announcement, the federal minister heading the National Command and Operation Centre said the government's revenues would otherwise fall by 30-35 per cent.³⁶

The pandemic has seriously compounded Pakistan's already grave economic challenges. Pakistan's economy was in dire straits even before COVID-19. Since the Khan government assumed office, large-scale manufacturing has declined, exports have fallen, the budget deficit has widened and unemployment has increased.³⁷ A former

Reuters, 13 April 2020; Kalbe Ali, "More than 50 clerics warn govt not to further restrictions on prayer congregations", *Dawn*, 14 April 2020.

³⁰ A mid-April survey found that 82 per cent believed that ablution for prayers would prevent infection and 87 per cent that communal prayers could not cause contagion. "Survey shows whopping majority thinks inhaling steam, ablution wards off COVID-19", *The News*, 12 April 2020.

³¹ Crisis Group telephone interviews, health professionals, Karachi, Islamabad, May 2020.

³² "Sindh CM didn't announce lifting lockdown from Monday, Bilawal", *The Express Tribune*, 9 May 2020; Syed Irfan Raza, "Record Covid-19 cases reported in single day", *Dawn*, 9 May 2020.

³³ Raza, "Record Covid-19 cases reported in single day"; "Relaxed curbs will mean 1.1m cases by July", *The Express Tribune*, 9 May 2020.

³⁴ In a June interview, Sindh's spokesperson noted, "the court said provinces have to follow the lead and advice of the centre. We never stood a chance [after that]". Dawn TV, 10 June 2020; "Provinces are bound to follow Centre's directives: SC", *The Express Tribune*, 19 May 2020.

³⁵ "Govt to end lockdown from 9th in phases", *The Express Tribune*, 8 May 2020.

³⁶ "Lockdown to be further eased, says PM Khan", *Dawn*, 1 May 2020.

³⁷ Sharoo Malik, "Taking stock: The PTI government's economic performance in its first year", *South Asian Voices*, 8 September 2019; "Pakistan premier's first year: economic hit and miss", *Dawn*, 19 August 2020; Hina Ayra, "Pakistan's economic options during the coronavirus crisis", *The Express Tribune*, 3 April 2020. See also editorial, "GDP growth", *The News*, 18 May 2020.

finance minister and financial expert had estimated economic growth in the Khan's government's first year at 1.9 per cent, the lowest in a decade.³⁸ Now, exports to traditional markets – Europe, the U.S., China and the Middle East – are fast declining.³⁹ Remittances, a vital source of foreign exchange, are likely to shrink as thousands of workers in the Gulf come home. The government estimates that the gross domestic product will contract by 0.38 per cent for the fiscal year 2019-2020. The World Bank has forecast even sharper drops of 2.6 per cent for 2019-2020 and 0.2 per cent for 2020-2021.⁴⁰

If the government's goal in lifting the lockdown was to get the economy moving, little suggests that is happening, even as numbers of new cases mount. Indeed, it has become ever clearer that economic growth depends on curbing the virus. On 22 April, days after the lockdown was first eased, the World Health Organisation's director general had warned, "Without effective interventions [in Pakistan], there could be an estimated 200K+ cases by mid-July. The impact on the economy could be devastating, doubling the number of people living in poverty".⁴¹ Four months on, signs of economic recovery are still few.

The federal government has provided emergency assistance to families in need, including food subsidies and support, but for many this aid is barely enough. The Ehsaas emergency cash program (the renamed Benazir Income Support Program) provides financial assistance to an estimated twelve million families that fall under the poverty line.⁴² Islamabad began the scheme on 9 April and extended it the following month to provide a similar amount to four million unemployed workers.⁴³ Yet the lump sum cash transfer of approximately \$75 to cover four months of expenses hardly covers food costs.

Such support could well be critical for months. According to Prime Minister Khan, the cash disbursement program can only be a temporary solution, which is why the lockdown was lifted. "There's no way the government can give out handouts to feed people for that long".⁴⁴ Yet with the pandemic continuing to hinder any economic recovery, the need for state assistance appears likely to increase further. A prominent public health expert and demographer noted: "There is no choice but to provide the essentials like food, water and health care for the poorest 20 per cent of the population for the next few months. ... [t]he counterfactual is skyrocketing poverty, malnu-

³⁸ "Hafiz Pasha says GDP growth is 1.9 per cent", *The News*, 8 February 2020. Dr Hafiz Pasha, the former finance minister, is now chair of the Panel of Economists, an independent body advising the government.

³⁹ Syed Haris Ahmed, "With lockdowns everywhere, export is a difficult job", *The Express Tribune*, 6 April 2020; "Pakistan's deficit and poverty rate to soar due to coronavirus, govt estimates", Reuters, 14 May 2020.

⁴⁰ The economy has contracted for the first time since 1951-1952. Pakistan Economic Survey 2019-20; "Global Economic Prospects", The World Bank, June 2020.

⁴¹ "WHO, PMA advise for total lockdown", *The News*, 24 April 2020.

⁴² Set up in mid-2008, the federally funded Benazir Income Support Program, the country's largest social safety net, provides cash assistance exclusively through women to economically vulnerable families.

⁴³ "PM launches cash disbursal program for workers today", *Dawn*, 18 May 2020.

⁴⁴ "Millions would have starved if lockdown wasn't lifted: PM Khan", Dawn TV, 21 May 2020.

trition and deaths of key household members that will be difficult to repair financially and emotionally".⁴⁵

At the same time, the government's financial resources are strained, though foreign aid should help. Donors have earmarked additional assistance to help Pakistan cope with the pandemic's economic impact, including through social protection programs for families in need. The government looks set to receive billions of dollars in pandemic-related aid.⁴⁶

The dire economic situation risks playing into militants' hands, particularly if social support measures fall short. As unemployment rises further and more citizens fall under the poverty line, such groups could exploit the ensuing social discord. If the state fails to deliver, they could have new opportunities to win recruits by tapping economic desperation and social grievances or extending assistance through existing or renamed charities, as they have in the past.⁴⁷

IV. Health Systems in a Pandemic

Pakistan's under-funded health care system is ill equipped to deal with an unprecedented public health emergency.⁴⁸ Medical professionals have repeatedly called for a stringent nationwide lockdown until transmission rates decline. But the government, concerned about the economic costs, rejects their advice. In some cases, ruling-party leaders have even dismissed concerns as partisan. When positive COVID-19 cases increased by 40 per cent nationwide soon after the lockdown was eased in mid-April, Karachi-based health experts and doctors called for stricter restrictions, warning

⁴⁵ Zeba Sattar, "Lives not worth saving", *Dawn*, 13 June 2020. As Pakistan country director of the Population Council, Dr Sattar evaluates health delivery services. According to the World Food Program, 39.6 per cent of the population faces food insecurity, and Pakistan has the second highest rate of malnutrition in South Asia.

⁴⁶ The government will likely receive \$1.5 to \$2 billion in temporary debt relief from G20 member countries; the International Monetary Fund allocated \$1.4 billion through its Rapid Financing Instrument, to mitigate the economic impact of the pandemic; the World Bank restored Pakistan's budgetary support and granted a \$500 million loan for pandemic-related health care and social safety nets; the Asian Development Bank approved a \$500 million loan for the government's health and economic response, including social protection for the poor. Bilateral donors, such as Germany, have also extended assistance, with Berlin providing 0.5 million euros to help Pakistan overcome the pandemic's socio-economic impact at the local level. "Germany backs Pakistan's efforts to mitigate socio-economic impact of Covid-19", *Dawn*, 27 July 2020; "Pakistan to receive \$500m loan from ADB to help fight coronavirus, 'protect poor'", *The News*, 10 June 2020; "WB okays \$500m loan to help government fight Covid-19", *Dawn*, 23 May 2020; "Pakistan wins \$1.4b IMF emergency loan", *The Express Tribune*, 17 April 2020; Arsalaan Asif Soomro, "Can Pakistan's economy endure the ramifications of COVID-19?", *The Express Tribune*, 15 April 2020.

⁴⁷ Militant groups have in the past enhanced their local appeal by providing food and other assistance through their charity wings, including after the 2005 earthquake in Pakistan and Pakistan-administered Kashmir. See Crisis Group Asia Briefing N°46, *Pakistan: Political Impact of the Earthquake*, 15 March 2006.

⁴⁸ There are around six hospital beds, 9.8 doctors and five nurses per 100,000 population in Pakistan. Health expenditure is among the lowest in the world, estimated by the World Health Organisation at 2.9 per cent of GDP. "Time to step up", *The News*, 23 March 2020.

that major hospitals in the city were overstretched.⁴⁹ A ruling-party leader accused them of criticising the federal government on behalf of the Pakistan Peoples Party opposition.⁵⁰ Professional bodies of doctors countrywide have issued similar calls for a nationwide closure to contain the disease's spread both before 9 May and afterward.⁵¹

While the decision on when to lift the lockdown would always involve difficult trade-offs, the government appears to have moved too early. Retaining a nationwide lockdown indefinitely would not have been feasible for economic reasons and due to public fatigue. As Prime Minister Khan says, the lockdown took a heavy toll on impoverished Pakistanis, who survive at subsistence level and need handouts if they cannot leave their homes to work. A protracted nationwide lockdown would have risked fuelling public anger as much as the health emergency. Yet reopening the economy and the country as early as was done, without adequate testing, tracing, isolating and treating the infected, led to a sharp spike in cases. By 9 May, when the lockdown was lifted, the total number of cases was around 29,000 and the death toll was 637. About six weeks later, the total number of cases were more than 175,000; the death toll stood at over 3,000.⁵²

In early June, the World Health Organisation's Pakistan country head recommended imposing targeted and intermittent two-week-on, two-week-off lockdowns. His letter to the Punjab health minister noted that the country met none of the prerequisites for fully lifting restrictions, including containing disease transmission, detecting, testing, isolating and treating all cases, minimising hot-spots and ensuring preventive measures in workplaces and other public spaces.⁵³ Health experts were quick to support his recommendation. But the prime minister's health adviser said the WHO had assessed Pakistan's situation through a "health lens" and that the government has "to make tough policy choices to strike a balance between lives and livelihoods".⁵⁴

Instead, the federal government has opted for what it calls "smart lockdowns", a policy it adopted when easing pandemic-related restrictions in mid-April. Its limited lockdowns differ from those recommended by the WHO in that they apply only to specific localities within cities or rural districts where positive cases are high. The government eased or removed them altogether in low-risk areas.⁵⁵ In mid-June, pro-

⁴⁹ "Covid-19 cases up by 40% in five days, doctors", *The Express Tribune*, 23 April 2020; "WHO, PMA advise for total lockdown", op. cit.

⁵⁰ "Gill accuses Sindh govt of politicising corona situation thru doctors", *The News*, 24 April 2020. Shahbaz Gill has since, in mid-May, been appointed the prime minister's special assistant on political communication. Also Iftikhar A. Khan, "PPP asks centre to stop playing 'pandemic politics'", *Dawn*, 25 April 2020.

⁵¹ "Doctors demand strict lockdown, urge religious scholars to review decision to open mosques", *Dawn*, 22 April 2020; Amer Malik, "Health care in a fix", *The News*, 31 May 2020.

⁵² "Sindh reports highest single day increase nationwide; nationwide tally soars to 28,818", *The Express Tribune*, 9 May 2020; "Pakistan crosses 3,000 deaths due to COVID-19", *Newsweek Pakistan*, 18 June 2020; "Pakistan reports 4,471 cases of Covid-19 in a day", *The Nation*, 22 June 2020.

⁵³ "WHO recommends 'intermittent, targeted' lockdowns in Pakistan", *The Express Tribune*, 9 June 2020.

⁵⁴ "WHO says Pakistan meets no pre-requisite for easing restrictions, recommends 'intermittent lockdown'", *Dawn*, 9 June 2020; "Corona killing four an hour in Pakistan", *The News*, 11 June 2020.

⁵⁵ Inter-Services Intelligence, the military's main intelligence arm, has been tasked with tracing infected persons and their contacts through geo-fencing and phone monitoring systems that it uses

vincial governments imposed two-week lockdowns in areas of cities such as Karachi, Lahore and Peshawar.⁵⁶ The government argues that such limited lockdowns can contain virus spread without economic hardship.

By 2 August, Pakistan had around 280,200 registered cases and close to 6,000 deaths, ranking thirteenth among COVID-19 affected countries globally (in terms of total cases).⁵⁷ According to official statistics, the daily number of confirmed cases has declined considerably since mid-July. The government attributes the reduction to its smart lockdowns.⁵⁸ Yet reduced testing may also partly explain it: official data shows daily nationwide testing rates dropping from on average around 28,500 in June to fewer than 22,000 in July.⁵⁹

The smart lockdown's "track, trace and quarantine" strategy, which involves tracing and isolating virus carriers and their contacts and placing viral hot-spots under quarantine, is hampered by poor data and low testing rates.⁶⁰ In June, the minister overseeing the pandemic response had said that authorities would increase daily testing capacity to 100,000 by July.⁶¹ According to the National Command Operation Centre, testing capacity had increased to over 70,000 by early July.⁶² Yet less than one third of that capacity is now being used.⁶³ With the virus appearing in many localities in densely populated cities, limited lockdowns of a few blocks of a city or a part

for counter-terrorism purposes. Ramsha Jahangir, "Over 5,000 people at risk of contracting Covid-19 identified by track system", *Dawn*, 2 May 2020.

⁵⁶ On 15 June, the National Command and Operation Centre identified virus clusters in twenty cities across the country. According to a press release from his office, Prime Minister Khan had directed the provincial governments to impose smart lockdowns "in sensitive areas keeping in view ground realities to maintain a balance between economic activities and preventive measures". Syed Irfan Raza, "PM satisfied with virus testing kits, PPE availability", *Dawn*, 16 June 2020.

⁵⁷ See Pakistan's official COVID-19 website or the Worldometers website for numbers. The death toll is likely under-counted since many families, fearing the religious and social stigma of the disease, do not report infections or seek treatment. The Khyber Pakhtunkhwa government, for instance, is investigating declining mortality figures, to check if patients are dying unrecorded at home. "Govt probing causes of decline in Covid-19 deaths", *Dawn*, 23 July 2020.

⁵⁸ The prime minister's health adviser said the government had managed to contain the pandemic through the smart lockdown strategy. "Pakistan's preparation and response to the coronavirus outbreak has been one of the best in the world". "Over 204,000 recover from disease as curve flattens", *The Express Tribune*, 20 July 2020.

⁵⁹ In June, the WHO had recommended that Pakistan increase daily testing capacity to 50,000. Daily test numbers, however, fell from the end of June. By 2 August, according to the Worldometers website, Pakistan had conducted 2,010,170 tests for around 220 million citizens: 9,086 per one million population. See also "Pakistan: Situation Report (as of 10 June 2020)", UN Office for the Coordination of Humanitarian Affairs.

⁶⁰ Crisis Group interviews, doctors, Karachi, July 2020.

⁶¹ "Just in a month: Pakistan faced 242pc surge in deaths", *The News*, 15 June 2020.

⁶² Calling for increased testing, a doctors' forum said that the government's figures of confirmed cases are "not representative of the actual ground situation", "Doctors' forum stresses need to enhance Covid-19 testing in Pakistan", *Dawn*, 12 July 2020; "Covid-19: Data shows Pakistan utilising only a third of its testing capacity", *The News*, 8 July 2020.

⁶³ Observers offer various reasons for the decline in testing: international travellers are no longer tested on arrival; groups that were previously targeted, such as Tableeghi Jamaat, journalists and government officials, are no longer tested systematically; tests' costs mean they are used only for patients with serious symptoms; and, with numbers declining, fewer tests are necessary.

of a rural district appear unlikely to contain it. A Pakistani expert on viral diseases said, “Incomplete lockdowns mean the virus has a chance of finding new hosts”.⁶⁴

The forthcoming religious holidays threaten another uptick. The lifting of nationwide restrictions during Ramadan in June and for Eidul Fitr contributed to the first surge of infections as massive crowds shopped in markets and large congregations prayed in mosques. The government and doctors fear the virus could once again peak should the public disregard safety measures in August during Eidul Azha festivities and in Muharram, when large mourning processions are held.⁶⁵ Spiralling numbers of cases could once again overwhelm hospitals and clinics. With case numbers increasing substantially in smaller cities and rural regions, their weaker health facilities could soon be overrun.

V. Conclusion

Chairing a meeting of the National Coordination Council on 1 June, Prime Minister Khan said, “a lockdown isn’t a solution or treatment. ... Nothing can be done about it. The virus will spread, and our death toll will also rise” until a vaccine is found. He added, “If we have to live successfully with the virus, it is the responsibility of the people. If they take precautionary measures, we can tackle the virus and live with it”.⁶⁶ Placing the onus of preventing contagion on citizens also appears at the heart of a new strategy, “Living with the Pandemic”, discussed by the Command and Operation Centre a day earlier.⁶⁷

Mixed and confused signalling by Prime Minister Khan and his top advisers early in the crisis mean that people often now ignore their calls to observe social distancing and other health guidelines. Many still believe that the pandemic has ended, and largely brush off calls for responsible public behaviour. Public health specialists also warn that “leaving people to determine the rules of restoring normality could prove fatal if growth in cases and deaths continues at average rates or may even increase further”.⁶⁸

A rethink is urgently needed. Federal policy should be based on the best available medical advice, even while factoring in social and economic costs. The government should continue to guide the provinces on pandemic policy, including by helping them shore up health facilities and making preventive measures, such as enforcing

⁶⁴ Tufail Ahmed, “Containing pandemic: Don’t bother with partial lockdowns, says expert”, *The Express Tribune*, 16 June 2020.

⁶⁵ Prime Minister Khan said, “if we are careless on Eidul Azha, the virus could spread again and there could be a fresh spike of infections”. “PM warns of virus spike of SOPs violated on Eid”, *Dawn*, 10 July 2020.

⁶⁶ Khan also decided to further ease the few remaining restrictions, including on domestic tourism. “Pakistan to ease lockdown, open more businesses amid surging COVID-19 infections”, *The News*, 1 June 2020; “PM Khan bats for unlocking economy, eases coronavirus lockdown”, *The Express Tribune*, 2 June 2020.

⁶⁷ “88 deaths, 3,039 new cases in a single day: Provinces differ over smart lockdown”, *The News*, 1 June 2020; “NCOC mulls over ‘living with the pandemic strategy’ to cope with coronavirus”, *The News*, 30 May 2020.

⁶⁸ “Easing Lockdown in Pakistan: Inevitable but Potentially Catastrophic”, Institute of Public Health, Jinnah Sindh Medical University, May 2020.

the use of face masks outdoors. Yet Islamabad should also allow provincial authorities to devise tailored strategies, guided by medical experts, as they confront new challenges. Not only is health a provincial responsibility, but provincial leaders are better placed to adapt to local needs. Both federal and provincial authorities should also prioritise funding for the health sector.

Islamabad could consider revising its smart lockdown strategy. If deemed necessary, and based on medical advice, provinces should be allowed to shut down entire cities and rural districts with high infection rates for limited periods to interrupt virus transmission. In areas where the virus transmission rate is lower, they should enhance testing, contact tracing and treating the infected. Lockdowns along these lines should be better able to contain virus spread without too onerous a burden on the economy.

Efforts to build the capacity of health care facilities to prevent a repeat of the crisis in June, when cases surged, should continue. In June, intensive care units and beds in major cities like Karachi, Lahore and Peshawar reached or neared capacity.⁶⁹ The provinces have since bolstered health facilities for COVID-related cases, including with federal assistance.⁷⁰ Pressures on hospitals have also eased since patients with moderate symptoms are now isolated at home. Yet another sharp surge of infections could once again overwhelm that capacity.

Lastly, instead of bypassing parliament, the federal government should work with the opposition. The parliament should play a more active role, particularly with regard to fiscal and other assistance for the most vulnerable sections of the population. The federal government's continued targeting of top opposition leaders, including through the National Accountability Bureau, is particularly unhelpful. The Khan government itself would benefit from mending fences with its rivals. The military leadership might be an equal, if not dominant, partner in the pandemic response. Yet citizens will hold the elected leadership accountable if the pandemic response falters. Sharing responsibility with opposition leaders for what are difficult and contentious decisions would not only benefit Pakistan's body politic but also make sense for the premier himself. The alternative is that COVID-19 leaves a weakened federal government even more reliant on the military to retain power.

Karachi/Islamabad/Brussels, 7 August 2020

⁶⁹ By early June, critical care wards for COVID-19 patients in some of Karachi's major government and private hospitals were full to capacity. Hospitals in Lahore were also under strain. Crisis Group telephone interviews, doctors, nurses, Karachi, Lahore, June 2020.

⁷⁰ "NDMA reaches target of 2,000 oxygenated beds in hospitals across Pakistan", *The Express Tribune*, 22 July; "Sindh has 253 million beds for Covid-19 patients", *The Express Tribune*, 14 July 2020.

Appendix A: About the International Crisis Group

The International Crisis Group (Crisis Group) is an independent, non-profit, non-governmental organisation, with some 120 staff members on five continents, working through field-based analysis and high-level advocacy to prevent and resolve deadly conflict.

Crisis Group's approach is grounded in field research. Teams of political analysts are located within or close by countries or regions at risk of outbreak, escalation or recurrence of violent conflict. Based on information and assessments from the field, it produces analytical reports containing practical recommendations targeted at key international, regional and national decision-takers. Crisis Group also publishes *CrisisWatch*, a monthly early-warning bulletin, providing a succinct regular update on the state of play in up to 80 situations of conflict or potential conflict around the world.

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Crisis Group's President & CEO, Robert Malley, took up the post on 1 January 2018. Malley was formerly Crisis Group's Middle East and North Africa Program Director and most recently was a Special Assistant to former U.S. President Barack Obama as well as Senior Adviser to the President for the Counter-ISIL Campaign, and White House Coordinator for the Middle East, North Africa and the Gulf region. Previously, he served as President Bill Clinton's Special Assistant for Israeli-Palestinian Affairs.

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August 2020



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