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18 Pakistan

COVID-19, federalism and the first wave response

Sameen A. Mohsin Ali

18.1 Introduction

By the end of 2020, Pakistan had recorded over 475,000 confirmed cases of novel coronavirus, with over 10,000 lives lost. At the end of the first wave, in July, lockdowns were lifted, and businesses, public transport, restaurants, and educational institutions re-opened. There was no doubt that the spread of the virus had slowed, and the consensus is that Pakistan managed to avert disaster in the first wave of the pandemic. However, there are no clear explanations as to why or how this happened, the government and medical professionals continued to remind people to remain vigilant of a second wave (Hussain 2020; Mahmood 2020; Mirza 2020).

This chapter divides the first wave of the pandemic in Pakistan into two phases. In the first phase, the pandemic response was confused as the federal government seemed unable to put together a coherent strategy or provide provincial governments with any direction. At this stage, Pakistan's federal structure saved lives as the provinces stepped up and put in place mitigation and control measures to contain the virus. By April, in the second phase, the federal government had shifted gears. It set up a parallel structure with civilian and military leadership to coordinate the pandemic response and introduced measures to protect the vulnerable and support businesses. The centralized civilian-military leadership model has been demonstrably effective in enhancing capacity, collecting and collating data, and improving facilities and communication. However, these developments are also a cause for concern in a country with a history of military intervention and where civilian supremacy is fragile. The bypassing of existing constitutional bodies designed for coordination between the provinces and the federation and encroachments on provincial autonomy by the courts and by the federal executive are problematic and raise questions about the sustainability of Pakistan's progress in this crisis (Table 18.1).

Table 18.1 Key Statistics on COVID-19 in Pakistan as of 10 January 2021

<i>Cumulative Cases</i>	<i>Cumulative Cases per 100,000 Population</i>	<i>Cumulative Deaths</i>	<i>Cumulative Deaths per 100,000 Population</i>	<i>Case Fatality Percentage</i>
499,517	226.1	10,598	4.8	2.1

Source: *World Health Organization Weekly epidemiological update* – 12 January 2021. Geneva: WHO, 2021. Available from <https://www.who.int/publications/m/item/weekly-epidemiological-update>

18.2 The impact of COVID-19

Pakistan's first case was officially reported on 26 February 2020. At the federal level, the country spends just 2 percent of its GDP on healthcare, lagging well behind its neighbors, Iran and India, on per capita health expenditure (Shaikh 2020). Access to health care in Pakistan is very uneven with just six hospital beds, nine doctors, and five nurses per 10,000 population (WHO 2018). These gaps in health service provision and outbreaks in the neighboring countries of Iran and China meant that Pakistan was ranked a high-risk country during the initial days of the pandemic.

Pakistan was slow to mobilize its pandemic response, preferring to monitor the situation and then scrambling to test samples and develop a response plan (Javed et al. 2020). Cases increased steadily during March and April and peaked in June (Our World in Data). Since data collection is poor, developing a policy response was difficult (Syed and Malkani 2020). Official records of deaths are not maintained, making it impossible to accurately calculate excess mortality due to the virus (Kermani 2020). However, even though cases and deaths are most likely higher than government figures, Pakistan's case fatality rate remained around 2 percent even at the peak of the first wave in June, considerably lower than countries like Italy and the UK (Our World in Data; Rehman 2020). Most at risk are frontline healthcare workers, especially during shortages of protective equipment in the initial stages of the pandemic (Siddiqui 2020a). In a country with a chronic shortage of health workforce (Farooq 2020), 24 lives had been lost to COVID-19 by June 2020 and over 2,000 had been infected (Bhatti 2020).

18.2.1 Economic impact

In addition to the human cost, the pandemic is expected to have a serious impact on Pakistan's already fragile economic situation (Mandviwalla 2020). In 2019, the IMF approved a \$6 billion Extended Fund Facility for Pakistan, with the federal government agreeing to increase revenues, particularly tax collection, to shrink the fiscal deficit (IMF 2019). Current expenditures have risen at both federal and provincial levels, but revenues have not, leading to cuts in development spending at both levels of government (Table 18.2).

Table 18.2 Revenues and Expenditures as Percentage of GDP in Pakistan

	2016	2017	2018	2019	2020 (Provisional)
Total revenue	15.3	15.5	15.1	12.9	15.0
Federal tax revenue	11.6	11.4	11.7	10.7	10.4
Provincial tax revenue	1.0	1.0	1.2	1.1	1.0
Federal non-tax revenue (excluding interest from the provinces)	2.4	2.8	1.8	0.9	3.4 ^a
Provincial non-tax revenue	0.3	0.2	0.4	0.2	0.2
Total expenditure	19.9	21.3	21.6	22.0	23.1
Federal current expenditure	10.8	10.9	10.9	12.6	14.4
Provincial current expenditure	5.3	5.4	6.0	6.1	6.0
Federal development expenditure	2.5	2.3	1.7	1.3	1.1
Provincial development expenditure	2.0	2.7	2.5	1.3	1.5

Source: State Bank of Pakistan Annual Report-Statistical Supplement 2019–2020, Chapter 4

a 2.2 percent of this revenue was profits for the State Bank of Pakistan, mainly from lending to the government

The IMF program was paused at the start of the pandemic and remains suspended as negotiations continue between the parties over monetary tightening and systemic reform (Ansari 2020). Meanwhile, the UNDP (2020) projected that nearly 40 percent of Pakistan's population will be living below the poverty line after the pandemic. GDP growth is estimated to be -0.4 percent in 2020 (IMF 2020), and the unemployment rate is projected to rise to 28 percent by 2021 (Saleem 2020), especially since Pakistan's extensive informal sector, which employs 72 percent of the labor force (Syed and Malkani 2020), was hit particularly hard by lockdown disruptions. The Federal Budget 2020–2021 projects Pakistan Rupee (PKR) 900 billion in revenue loss due to the pandemic and the government faced considerable criticism for allocating PKR 1,289 billion for defense, a 12 percent increase on the previous budget, and PKR 25 billion for health (Budget in Brief 2020). With provincial health budgets added to this amount, health spending in Pakistan stands at a third of defense spending (Siddiqui 2020b). With declining revenues, Pakistan's economy is susceptible to shocks and will remain reliant on bilateral and multilateral aid flows.

18.3 Pakistan's constitutional structure

The Constitution of 1973 defines Pakistan as a 'federal republic.' The Islamic Republic of Pakistan is composed of the Islamabad Capital Territory (ICT), four provinces – Punjab, Sindh, Khyber Pakhtunkhwa (including the former Federally Administered Tribal Areas or FATA), and Baluchistan and the territories of Azad Kashmir and Gilgit Baltistan. The four provinces and ICT have full constitutional, legal, and political status. However, the Gilgit Baltistan and Azad Kashmir have not been fully integrated into the federation as provinces.

Pakistan follows the parliamentary system with the President as the Head of the State and the Prime Minister as the Head of the Government.¹ The legislature is bi-cameral with the National Assembly (*Majlis-e-Shoora*) as the lower house and the Senate as the upper house. The provinces are equally represented in the Senate with additional seats for FATA and ICT.² Membership of the National Assembly is divided amongst the four provinces and the ICT on the basis of population.³ The four provinces each have their own legislative assemblies headed by a Chief Minister and a Governor. Under Article 140A of the 1973 Constitution, each of the four provinces is required to establish their own local government systems. However, provinces have struggled to devolve meaningful power to local government representatives (S.M. Ali 2018). Sindh

Table 18.3 Composition of the National Assembly of Pakistan

<i>Province/Area</i>	<i>General Seats</i>	<i>Women Seats</i>	<i>Non-Muslim</i>	<i>Total Seats</i>
Balochistan	16	4	–	20
Khyber Pakhtunkhwa	45	10	–	55
Punjab	141	32	–	173
Sindh	61	14	–	75
Federal Capital	3	–	–	3
–	–	–	10	10
Total	266	60	10	336

Source: Composition – National Assembly of Pakistan. Available from: <http://www.na.gov.pk/en/content.php?id=2>

was the only province that had an elected local government in place during the pandemic response; however, their term ended at the end of August (Table 18.3).

18.3.1 Decision-making in the federation

The 1973 Constitution originally divided legislative powers into two lists: federal and concurrent. Most items came under the concurrent list, including education and health, and the federal government retained the power to overrule the provinces on any of the items on it. In 2010, the 18th Amendment to the 1973 Constitution abolished the Concurrent list, shifting most subjects to the provinces and establishing a Federal Legislative List with two parts. The first part contains subjects solely under the federal government's jurisdiction. The second part contains subjects to be overseen by the Council of Common Interests (CCI), a body with the constitutional mandate to ensure inter-provincial and federal-provincial coordination in decision-making. Its members include the PM, the Chief Ministers of each of the provinces, and the Ministers of Planning, Inter-Provincial Coordination, and Power. The CCI must meet once in 90 days, but this rule has frequently been violated by PMs in the past as well as in the present, and the council has remained under-utilized as a coordinating body (PILDAT 2020).

Though the 18th Amendment was a landmark achievement backed by consensus amongst the political elite (Adeney 2012), the implementation of its provisions was slow and subject to reversals. The federal government transfers 57.5 percent of its revenues to the provinces and is locked into these transfers by Article 160-3A which states that the share of funds received by the provinces from the federation cannot be lower than the share for the previous year (Adeney 2012). These funds have allowed the provinces to legislate and develop their own contextualized policies with regard to health programs, service delivery, and expenditure, but they have struggled to enhance their own revenue collection. This leaves the provinces heavily dependent on federal transfers and because the federal government has persistently failed to meet revenue collection targets, provincial governments are unable to accurately forecast transfers and plan expenditures.

There has also been considerable contention over jurisdictional and coordination issues between the center and the provinces with regard to (amongst other matters) drug licensing and regulations, population welfare, and the delivery of donor funded preventative countrywide programs such as the polio program. These concerns led to the creation of the Ministry of National Health Service Coordination and Regulation (MoNHSCR) at the federal level in 2013 headed by a State Minister for Health. Health research is also conducted by the National Institute for Health (NIH). However, coordination between the federation and the provinces on health care in Pakistan has remained consistently poor (Zaidi et al. 2020). At no time has this been more evident than when the first cases of the novel coronavirus were confirmed in Pakistan at the end of February 2020.

18.4 Emergency management in the federation

Initially, the Pakistan government's response to the pandemic was marred by indecision, confusion, and mismanagement. The federal government prevaricated on a countrywide lockdown, citing valid concerns for the poor who would be disproportionately

impacted but failing to substantiate concrete steps for handling the situation (Younus 2020a). Educational institutions were closed mid-March, but the government was unable to convince clerics to shut down mosques or religious gatherings (A. Khan 2020). On 10 March, against government advice, thousands of people gathered in Raiwind, just outside Lahore, for the annual Tableeghi Jamaat gathering. This became a super-spreader event as attendees returned to their homes across the country and across the world without being tested or quarantined (ICG 2020). A quarantine facility at Taftan, near the Iran border, was poorly managed (Afzal 2020a), giving rise to fears regarding government quarantines which prevented people from getting diagnosed.

The PM's opposition to the lockdown motivated the federal government to expedite social protection for vulnerable populations. On 24 March, the federal government announced a COVID-19 relief package of PKR 1.3 trillion, funded in part by the World Bank and Asian Development Bank. Perhaps, the most significant part of the package was the Ehsaas Emergency Cash Program, which incorporates the Benazir Income Support Program. As of July 2020, the federal government had deployed PKR 203 billion to 16.9 million families (Nishtar 2020). In addition, the Pakistan government introduced a range of measures to try and mitigate the economic impact of the pandemic, including cutting interest rates, tax refunds, and deferring interest payments for businesses (IMF 2020; Saleem 2020).

18.4.1 Provincial pandemic response

While the Prime Minister continued to publicly play down the threat of the virus, telling citizens “not to worry” (Malik 2020), the provincial governments were more proactive in their response to the pandemic. They developed their own relief packages, with Punjab allocating PKR 10 billion for cash grants and PKR 18 billion in tax relief, and Sindh PKR 1.5 billion for a cash and ration distribution campaign (IMF 2020). Acting on the National Action Plan issued by the National Institute of Health on 13 March and with the support of the MoNHSCR, the provincial governments set up task forces, designated hospitals for testing and treatment, expanded testing capacity, set up field hospitals and quarantine centers, closed restaurants, cinemas, and marriage halls, and launched helplines and information campaigns to reach citizens. Khyber Pakhtunkhwa declared an emergency in February, began putting in social distancing measures from 18 March, and made data on cases openly available. Sindh ensured that travelers from Taftan were adequately quarantined. However, local governments had little to do with the response. The National Action Plan, for instance, refers to local governments just once, with regard to community awareness. Since the other provinces delayed elections, Sindh was the only province that had elected representatives in place when the pandemic started, but the province's local government law falls well short of devolving meaningful administrative or fiscal powers to those representatives (S.M. Ali 2018). Therefore, their involvement in relief activities was minimal and became a site of political clashes (I. Ali 2020). Overall, the absence of effective local governments led to what Syed and Malkani (2020) refer to as a “misalignment of strategies across government tiers.”

Sindh was the first to announce a full lockdown on 23 March. The other provinces soon followed by announcing partial lockdowns (later expanded to complete lockdowns) and calling in the military in aid of civil power (Shehzad 2020). Reports claim that this is where the military leadership intervened, sidelining the vacillating federal

executive and working with the provincial governments to enforce lockdowns (Siddiqui 2020b; ur-Rehman, Abi-Habib and Mehsud 2020). However, the government claims that it opted to work closely with the military leadership as they are “on the same page” (Afzal 2020b).

18.4.2 *Centralizing the pandemic response*

The PTI government’s ‘hybrid governance’ (Husain 2020) model is evidenced by their decision to bypass the CCI and the legislature and set up an alternate infrastructure including both civilian (federal and provincial) and military leadership to coordinate the pandemic response. On 13 March, the Prime Minister authorized the formation of a National Coordination Committee (NCC) to curb the spread of the virus (The Nation 2020). In making decisions with regard to the pandemic, the NCC is supported by the National Command and Operations Centre (NCOC), set up by the Prime Minister on 31 March. Led by the Planning Minister, its members include the Health and Interior ministries and representatives from the provincial and regional governments and Inter-Services Intelligence (ISI).

The NCOC became the “nerve center to synergize and articulate [the] unified national effort against COVID-19” (Prime Minister’s Office Press Release 2020b). It took charge of data gathering, coordinating messaging, and track, trace, and quarantine protocols using the ISI’s surveillance systems. Policy recommendations based on the data are then forwarded to the NCC. Pakistan’s National Disaster Management Authority (NDMA), set up in the wake of the devastating earthquake of 2005, is designated as the “lead operational agency” for coordinating the pandemic response between the provinces through provincial Disaster Management Authorities (Prime Minister’s Office Press Release 2020a). By 1 April, the civilian and military leadership was committed to a lockdown strategy despite the misgivings of the Prime Minister who used a public address to urge the provincial governments to “discuss and reassess” their lockdowns (*Dawn* 2020a). In a briefing held at the NCOC in the presence of the Chief of Army Staff and various federal ministers and advisers, but with the Prime Minister notably absent, the Chief of Army Staff is quoted as saying, in contradiction to the Prime Minister’s stated position, that, “The planned measures, if implemented timely [sic], will contribute to safety and well-being of every Pakistani and society at large” (Syed 2020).

18.5 COVID-19 and provincial autonomy

In April, the Prime Minister announced the easing of the lockdown despite opposition by medical professionals and provincial governments (ICG 2020). On 9 May, two weeks before the religious festival of Eid ul Fitr and with cases on an upward trend, the lockdown was lifted entirely. Though the provincial governments each developed their own plans for phased lifting of lockdown restrictions (*Dawn* 2020b), they struggled to manage the spike in cases during May and early June. Throughout these months, the federal and Sindh governments took a combative approach toward each other, with each side criticizing the other in a series of press statements (Raza 2020).⁴ The Supreme Court of Pakistan further cut into provincial autonomy by ordering provincial governments, particularly Sindh, to lift any remaining lockdown restrictions (Shahzad 2020). In a suo moto case, the Court ordered the lifting of any remaining lockdown

restrictions as it questioned why significant funds were being spent on the response when it was “not a pandemic in Pakistan” (Bhatti 2020; Shahzad 2020). The bench questioned Sindh’s decision to keep certain lockdown restrictions in place by comparing it to the other provinces’ decision to reopen fully and ordered the Sindh government to reopen fully immediately (Supreme Court of Pakistan, S.M.C. 01/2020), effectively overruling the provincial government’s autonomous decision. The bench’s rulings also impacted decision-making in Punjab. A report by the Primary and Secondary Healthcare Department to the Chief Minister of Punjab, dated 15 May, summarized the findings of an expert “smart sampling project” conducted in Lahore and recommended a strict lockdown. The study found an average 6 percent positivity rate and estimated that the city had about 0.7 million cases of the virus as “no workplace and residential area of any town is disease-free” (Gabol 2020). However, the Punjab Health Minister, Dr Yasmin Rashid, claimed that the recommendation was ignored due to the Supreme Court’s ruling to lift the lockdown (Greenfield and Farooq 2020).

By the first week of June, the test positivity rate was 23 percent, and Pakistan was amongst the ten countries most affected by the pandemic (The Express Tribune 2020). Testing remained low, trace and quarantine measures seemed insufficient, health services in cities like Lahore were under massive strain (Hashim 2020), and the government scrambled to prepare procedures and regulations to ensure the supply of drugs, plasma, Personal Protective Equipment (PPE), and ventilators (Greenfield and Farooq 2020). On 9 June, the WHO issued a recommendation to the provincial governments to impose intermittent lockdowns to contain the spread of the virus (The Express Tribune 2020). The same day, the Supreme Court bench commented that the federal government and the provinces must work together to develop a uniform response to the pandemic, effectively strengthening the center’s control over the pandemic response (ICG 2020; Iqbal 2020; S. Khan 2020).

18.5.1 *The smart lockdown strategy*

By this point, the NCOC had finalized its own “smart lockdown” strategy based on a test, trace, quarantine protocol developed with the help of the army (Dawn 2020c; Siddiqui 2020c) and drawing on the infrastructure of the Pakistan Polio Eradication Program (Mirza 2020). On 14 June, the federal government announced that it was identifying “hot spots” of cases and advising the provinces to impose strict lockdowns in these areas (The News 2020). This strategy was implemented across the country without any differences being expressed (Ayub 2020a), perhaps a sign that coordination amongst the federation and provinces had improved or perhaps that space for provincial autonomy had shrunk.

Cases in Pakistan dipped around the same time as the smart lockdowns began and started to decline steadily a week later (Our World in Data). Explanations vary, but it is difficult to be conclusive since testing has remained below recommended levels (ICG 2020). Markets reopened, religious gatherings were held, and services that had been disrupted due to the lockdown resumed. Though essential health care services continued operating, Chandir et al. (2020) found a just over 50 percent decrease in routine immunization visits in Karachi, and some critical services such as polio immunization campaigns were suspended during the lockdown. The polio campaign resumed at the end of July (WHO 2020). Though Pakistan seemed to have averted disaster, government officials continue to remind citizens to observe SOPs since the virus has not gone away.

18.6 Conclusion

In dealing with the first wave, Pakistan improved coordination, built capacity, and enhanced social protection for the most vulnerable. The question is whether or not these gains are sustainable and are institutionalized for the second wave, which began in late October 2020, and for other crises in the future.

Pakistan's federal structure allowed its provinces latitude during the initial onset of the pandemic as the federal government struggled to formulate a coherent response. However, by April, the response was being coordinated at the center by the civilian and military leadership. Provincial autonomy in implementing lockdown measures was further eroded by the Supreme Court's directives. The easing of the lockdown and reopening of the economy allowed for cautious optimism (ADB 2020), but inflation remains high, and export growth is likely to be hindered by a range of domestic and international factors (Younus 2020b).

With the second wave, recommendations on pandemic response continue to come from the National Command and Operations Centre. Perhaps, due to the centralized nature of the first wave response, the provincial governments were slower to react to the spike in cases that heralded the second wave (Ayub 2020b; *Dawn* 2020d). Though smart lockdowns are being instituted, fatigue has set in amongst the population with respect to following distancing, hand washing, and masking guidelines (Hassan 2020b), and conspiracy theories continue to undermine government attempts to enforce SOPs (ur-Rehman and Schmall 2020). Furthermore, a resurgent opposition is placing the government under pressure, holding massive rallies in contravention of government restrictions on large gatherings to limit the spread of the coronavirus (Hassan 2020a). The government's response has been a crackdown on opposition leaders and on dissent more generally, leading to greater domestic discord. From an economic standpoint, the consensus is that serious structural reforms are essential for there to be a sustained economic recovery (ADB 2020; World Bank 2020; Younus 2020b). For the provinces, this uneven recovery has meant that, in drawing up their budgets, they were asked by the federal government to cut costs and enhance provincial revenues (Kiani 2020). Though there is significant variation across the provincial budgets, they all reveal increases in health spending and the introduction of relief and stimulus packages (Khawar 2020).

The civilian-military model has proven to be very effective in coordinating and operationalizing the response to the first wave of the pandemic. But the creation of a parallel set of institutions by executive fiat, while quick and efficient, undermines democratic consensus-based processes, particularly in a context with limited parliamentary oversight (Azad 2020), and weakens existing constitutional arrangements such as the CCI, whose potential for enhancing federal-provincial coordination remains untapped. It is important, therefore, to tread carefully so as not to damage civilian supremacy, provincial autonomy, and democratic processes in the long term.

Notes

- 1 Military interventions and constitutional engineering shifted the country toward a semi-presidential system. These changes to the 1973 Constitution were reversed through the 18th Amendment in 2010.
- 2 FATA was integrated into Khyber Pakhtunkhwa through the 25th Constitutional Amendment in May 2018. Senators from FATA will finish their terms, and these seats will be removed from the Senate, bringing membership from 104 to 96.
- 3 Seats from FATA have been added to the tally for Khyber Pakhtunkhwa.

- 4 The Sindh government is led by an opposition party, the Pakistan People's Party (PPP). The other provinces are held by the Pakistan Tehreek-e-Insaf (PTI), Punjab, and Balochistan as part of a coalition and KP outright.

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