

WHO CORONAVIRUS DISEASE 2019 (COVID-19) SITUATION REPORT-107

SITUATION IN NUMBERS

Total (new) cases in
last 24 hours

Globally

3 588 773 cases (71 463)

247 503 deaths (4102)

Western Pacific Region

154 884 cases (1016)

6327 deaths (40)

European Region

1 593 828 cases (27 179)

147 780 deaths (2178)

South-East Asia Region

76 998 cases (4310)

2821 deaths (139)

Eastern Mediterranean Region

221 230 cases (7854)

8290 deaths (175)

Region of the Americas

1 507 148 cases (29 701)

81 070 deaths (1480)

African Region

33 973 cases (1403)

1202 deaths (90)



**Youths cool off in a water canal during a heatwave in Karachi
leaving all precautions behind—*Getty Images***

Global News

- Sweden reports over 3,000 coronavirus deaths.
- Global coronavirus toll crosses 262,000: Countries easing lockdowns with caution.
- Egypt extends nationwide nighttime curfew until end of Ramazan.
- Unicef calls for world to maintain lifesaving services for minor children amid corona crisis.
- China says whole country now at low virus risk.
- British-Pakistani cancer specialist dies due to coronavirus in UK.

Global Response

- Brazilian nurses face attacks over allegations of spreading virus.
- WHO's Walk the Talk event to go virtual amid pandemic.
- Foreigners are on the frontlines of the pandemic in Arab Gulf states.
- India to begin massive evacuation of citizens from 12 countries.
- Amnesty International calls for transparency in authorities' reports of virus cases in prisons.
- UK economy to slump 14pc this year on virus: BoE.

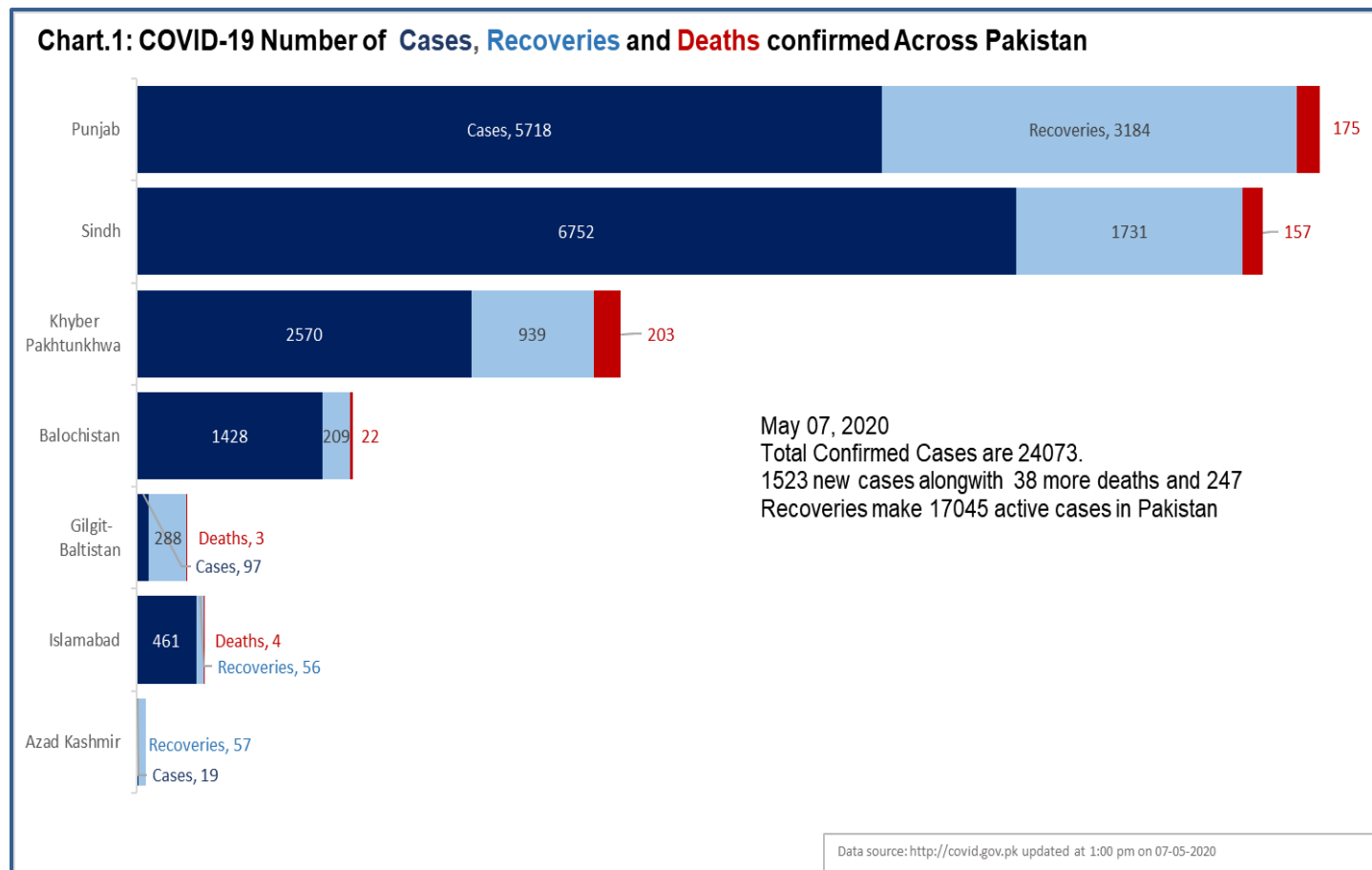
Local News

- Lockdown to be lifted in phases starting Saturday: PM Imran.
- Public disregard for SOPs aids corona spread.
- 502 new cases take Punjab's total to 9,195.
- Not all stranded nationals being repatriated are corona positive: SAPM Moeed Yusuf.
- Number of cases rising because of increased testing capacity: Faisal Sultan.
- Pakistani embassy in Washington announces schedule of special flights for repatriation.
- FM Qureshi stresses need for NAP on Covid-19.

Local Response

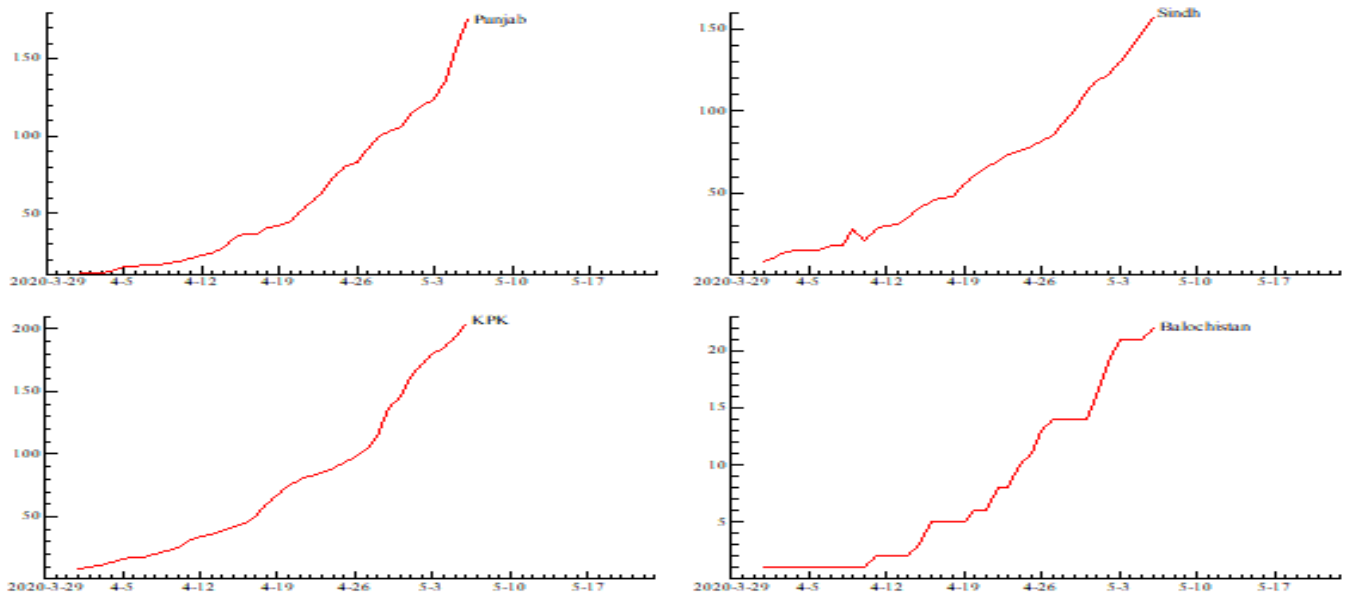
- Markets to open for five days a week: Asad Umar.
- Educational institutions to remain closed till July 15, says Shafqat Mehmood.
- PM urges people to take responsibility, says success of next phase depends on people.
- 2,459 Pakistanis repatriated between May 1-5, says FO.
- 247 recoveries recorded in Pakistan.
- 36 new cases emerge in Islamabad, 2 in GB.

During the last 24 hours, 1523 new cases have been confirmed by different laboratories, bringing the national tally to 24073. Nineteen deaths from Punjab, nine from Sindh and KP each and one from Balochistan have been reported in the last 24 hours. There are a total 564 deaths and 6464 recoveries across the country, see Chart.1.



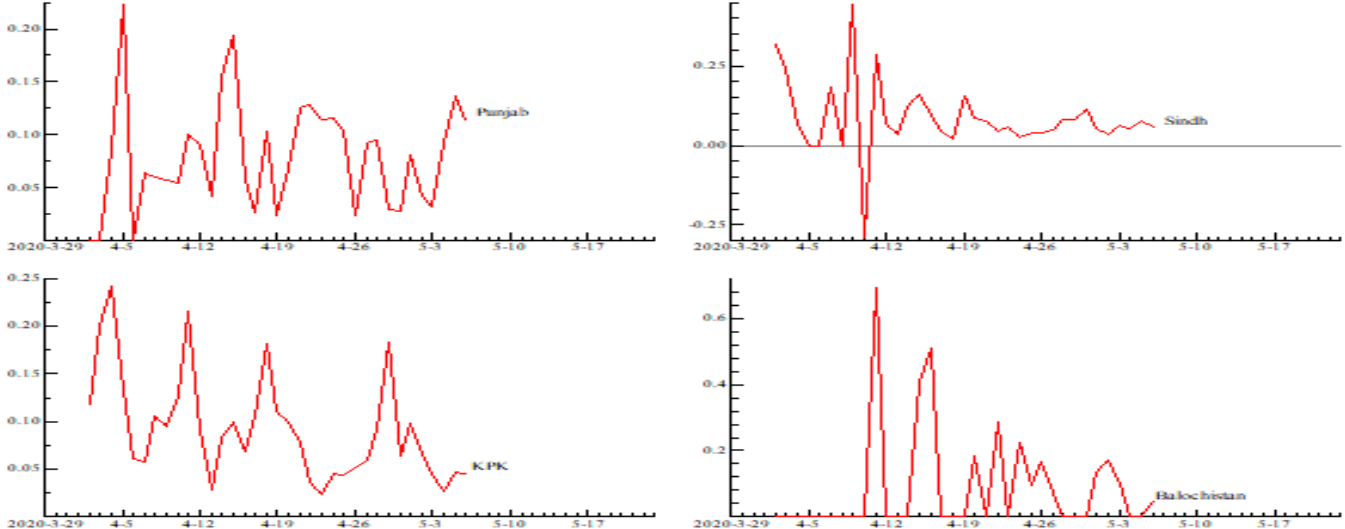
In Pakistan the provincial lockdown, amid COVID-19, was softened on 15 April 2020; thereupon the number of infected cases and death counts have increased manifold. Provisional death counts deliver a comprehensive picture of lives lost to COVID-19. The province wise analysis indicates a sharp upward trend in death counts in all provinces. However, the absolute number of cases varies across the provinces which may be attributed to the population density per province and the strict adherence of prevention policies including social distancing. A firm government intervention and nationwide awareness campaign is need of the day to contain COVID-19 pandemic, see Chart.2.

Chart.2: COVID-19 Provicewise Death Counts



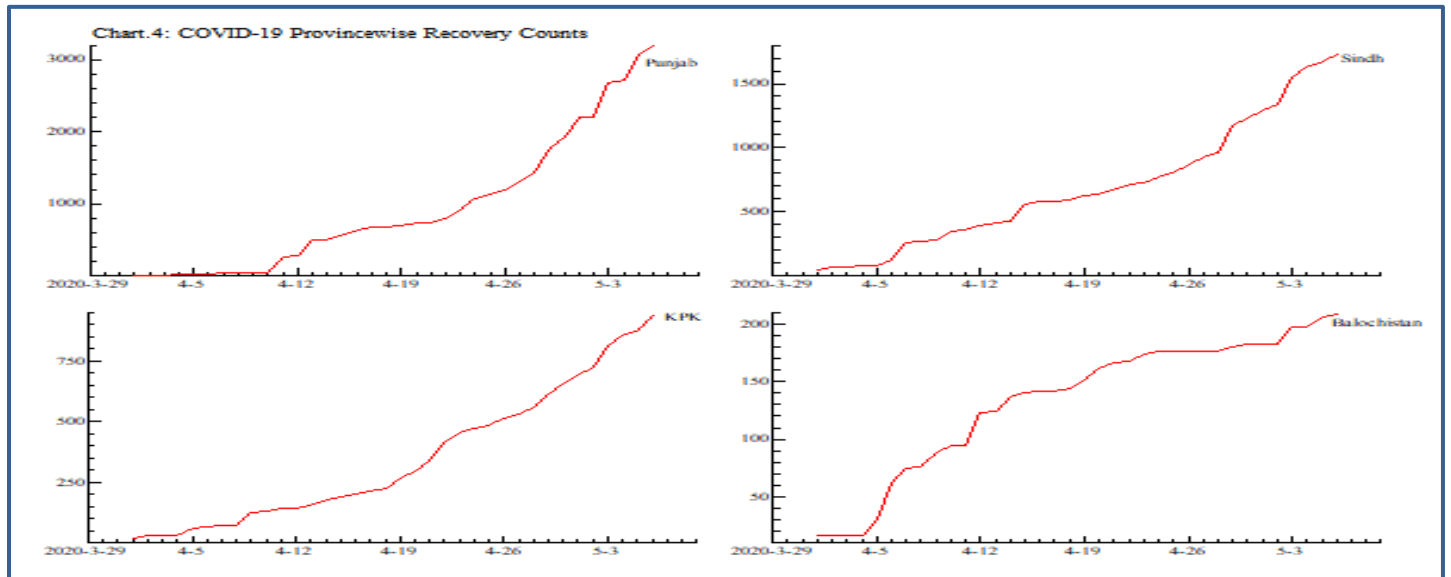
The rate of change of number of deaths varies from province to province, due to differences in policies about prevention, control, and mitigation as health sector is under provincial jurisdictions. In addition, it depends upon the government's preparedness and suspects' immunity and age. The rate of change of number of deaths due to COVID-19 is highly volatile across all provinces, however it remained positive except of Sindh on April 10, 2020, see Chart.3.

Chart.3: COVID-19 Death Rate Provincewise

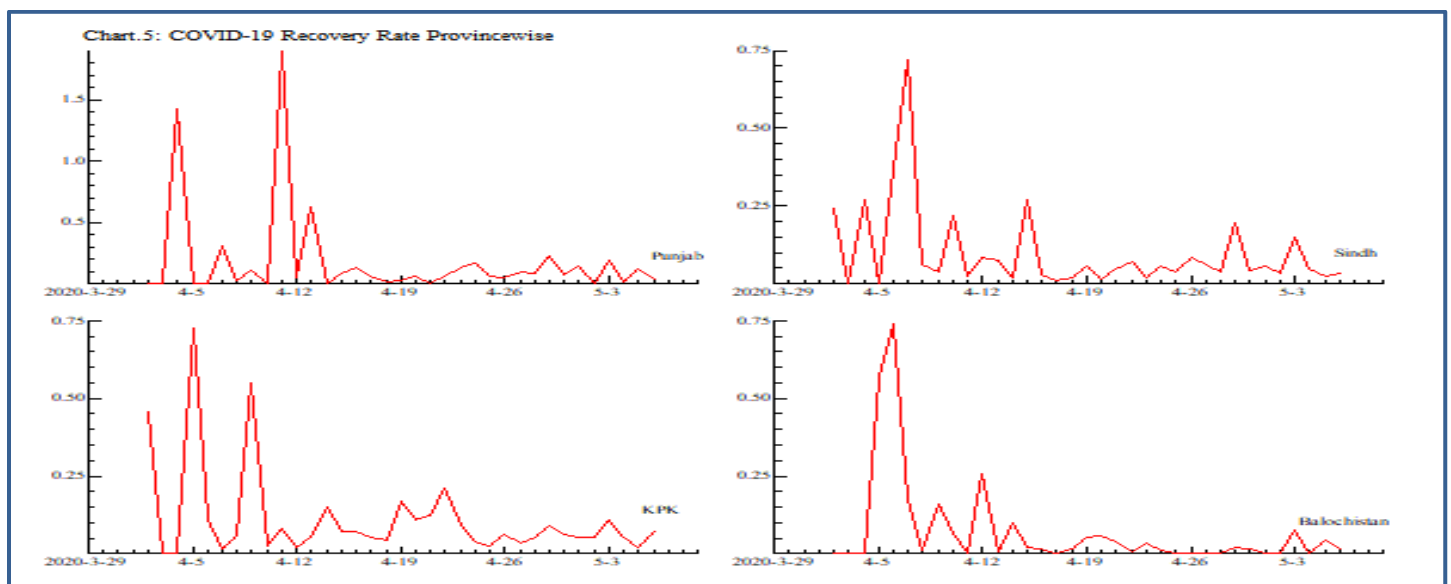


The average recovery time for mild COVID-19 cases, according to the World Health Organization may take 2 weeks for the body to get over the illness. For those with severe or critical cases, recovery can take up to 6 weeks. In addition, despite of constant tracking of infections and recoveries, the fact remains that the data only is on

confirmed cases and does not include the mild cases or the cases that do not get COVID-19 tests. The province wise analysis indicates a sharp upward trend in recovery counts in all provinces post initial lower number of recovery cases which may be attributed to the duration of disease, see Chart.4. There is no treatment for COVID-19. Some of the things as suggested by health care personnel include healthy food and lot of fluid intake along with rest.



The rate of change of number of recovery varies in magnitude from province to province but indicate similar pattern. The rate remains volatile across its course, see Chart.5. For accurate and comprehensive recovery data, the blood testing for antibodies should be available in all labs across country. This testing will tell about who hasn't been infected at all as well as who has been infected but their immune system fought off the virus.



Smart lockdowns and the underlying fiasco in Pakistan

There has been a continuous debate from day one between the center and provincial governments about how to implement the lockdown and its extent, in major cities, towns and rural areas, without disturbing the economic activity and providing safeguards to the toiling classes simultaneously.

Unfortunately, the petty politics of the ruling and opposition political parties has been proving a major impediment, ipso facto, in the implementation of guidelines for social distancing and safe behavior to contain further spread of the Covid-19. So, it would be pertinent to assume that when there is so much confusion around in the top leadership approach towards a pandemic, the not so literate masses would ultimately tends to consider the Corona virus a joke and some kind of conspiracy by the '*western*' or '*Chinese*' linchpins.

Despite the rising number of infections, what the federal government from the first day and now in the midst of this quagmire, is resorting to a reactionary rather than proactive approach. The national coordination committee is still mulling over how to fill the void and political differences between the center and provinces (especially, Sindh), while the deadly virus is taking its toll exponentially with each passing day.

There is a crucial need for the parliamentary session and standing committee's including top health professionals of the country **ASAP**, otherwise the current state of affairs will prevails, and we will be looking up to the vicious West for procuring the much needed vaccination.

(Written by: Tabish Ayaz, a student at Department of Environmental Economics, PIDE)

Frequently Asked Questions

What is the basis for deciding who should have priority access to scarce resources?

The ethical basis for deciding which individuals or groups might be prioritized, including the principles to be applied, are presented in the below table:

Ethical considerations when deciding who to prioritize

Principle	Description	Practice implication
Equality	Each person's interest should count equally unless there are good reasons that justify the differential prioritization of resources. Irrelevant characteristics of individuals, such as race, ethnicity, creed, ability or gender, should not serve arbitrarily as the basis for the differential allocation of resources. This principle can be used to justify the allocation of resources by a lottery – that is, randomly by chance – or by a system of first come, first served.	May be most appropriate to guide the allocation of scarce resources among individuals or populations who can be expected to derive the same benefit from the resource, for example, vaccines among high-risk populations, or ventilators among those with similar clinical indicators for benefit.
Best outcomes (utility)	This principle can be used to justify the allocation of resources according to their capacity to do the most good or minimize the most harm, for example, using available resources to save the most lives possible.	May be most appropriate to guide the allocation of scarce resources that confer substantially different benefits to different individuals, for example, ventilators to those expected to derive the most benefit.
Prioritize the worst off	This principle can be used to justify the allocation of resources to those in greatest medical need or those most at risk.	May be most appropriate to guide the allocation of resources that are designed or intended to protect those at risk, for example, PPE for health care workers, vaccines for those most at risk of infection and severe illness, or those most in need, as in the case of provision of drugs in short supply to those needing them most urgently.
Prioritize those tasked with helping others	This principle can be used to justify the allocation of resources to those who have certain skills or talents that can save many other people, or because something is owed to them on account of their participation in helping others.	May be most appropriate to guide the allocation of resources to health care workers, first responders, etc.

Allocation principles may be relevant or justified at different stages of resource scarcity (from less scarcity to more scarcity). For example, where little scarcity exists, the allocation of resources such as ventilators may be most justified by the principle of first come, first served (which promotes the value of equality). When those resources become increasingly scarce, their allocation may be justified according to a principle that prioritizes those most in need. With even greater scarcity, a principle that aims to maximize benefit from the resource may be most justified. At each stage, allocation should aim to promote equality – that is, first come, first served, or random allocation, when no relevant factors distinguish individuals within a particular scheme of allocation (for example, among those with similar needs, or among those who can be expected to benefit similarly from the resources, or among those that are at similar levels of risk). In addition, multiple principles may be combined within an allocation scheme. For example, an allocation scheme for PPE might find its justification in a principle prioritizing those most at risk as well as a principle prioritizing those tasked with helping others, which would support priority allocation of PPE to health care workers.

Source: World Health Organization



People wearing masks wait for their turn as they arrive (NADRA) office for new registration and biometric identification under Ehsaas Emergency Cash program in Rawalpindi, Pakistan—Getty Images

COVID-19: Timeline of a Pandemic (March 13, 2020 — March 15, 2020)

March 13 — “Europe has now become the epicenter of the pandemic, with more reported cases and deaths than the rest of the world combined, apart from China,” WHO Director-General Tedros Adhanom Ghebreyesu says during a press conference. “More cases are now being reported every day than were reported in China at the height of its epidemic.”

Maria Van Kerkhove, technical lead of the WHO Health Emergencies Programme, speaks during a press conference about the need to support countries as they expand the number of people tested for the virus.

Watch the full conference call on how NGOs can help prepare Africa for a coronavirus spread. We’ve removed our paywall for this conference call — previously for Pro subscribers only — to provide access to accurate information and resources during the COVID-19 outbreak.

“If there are countries that are starting to identify cases and starting to identify large numbers of cases because they are looking, because they are doing aggressive case and contact finding, they shouldn’t be punished for that. It’s really important that we support countries in doing the right measures, and sometimes that’s going to mean the numbers are going to increase,” she says.

WHO, the United Nations Foundation, and partners launch the COVID-19 Solidarity Response Fund to support at-risk countries with weak health systems in preparing for and responding to the COVID-19 pandemic.

The European Bank for Reconstruction and Development approves a €1 billion (\$1.1 billion) package to help companies in the region with the impact of the COVID-19 pandemic.

The International Monetary Fund and World Bank Group advise employees at their Washington, D.C. headquarters to work from home after an IMF employee is confirmed positive for the virus.

Kazakhstan, Sudan, Puerto Rico, Venezuela, Antigua and Barbuda, Ethiopia, Guinea, Kenya, Uruguay, Guatemala, St. Lucia, Suriname, and Mauritania confirm first cases of COVID-19.

March 14 — Namibia, Central African Republic, Republic of Congo, Equatorial Guinea, Rwanda, Seychelles, and Eswatini confirm first cases of COVID-19.

March 15 — Cases in Africa are on the rise. A week ago there were 27 cases on the continent.

Now, there are 273 confirmed cases in 26 countries and 6 deaths. Countries respond with travel restrictions.

German government sources tell Reuters that the U.S. is trying to convince German firm CureVac to move research on a potential vaccine to the United States.

The European Commission implements restrictions on export of personal protective equipment supplies, such as masks, face shields, and protective garments, outside the European Union. Any exports of this equipment require authorization by EU member states.

Uzbekistan and the Bahamas report first cases of COVID-19.

Source: <https://www.devex.com/>



Newborn baby, wearing a protective face shield, is seen before leaving home for his vaccination—*Reuters*

Experts' View

While it's true that in the fight against Covid-19, healthcare workers are undeniably at the high-risk frontline, at the same time, going for long term ward closures is like putting up locks on the wrong doors. **(Nighat Shah, DAWN)**

It is necessary to keep the learning process going. We have to make the best of what we have while at the same time we should try to innovate the way we learn virtually. Perhaps some thought on it can give rise to a whole new idea of communicating and learning. **(Shoaib Lashari, EXPRESS TRIBUNE)**

There is a high chance that this may be our new normal. Pandemics may be more frequent in the future and governments can suddenly call for complete lockdowns. It is necessary to create efficient systems that will continue into the future. In the meantime, it is important to maintain peace. **(Saqib Ahmed, EXPRESS TRIBUNE)**

Experts' Opinion

The coronavirus is a reflection of our irresponsible behavior. We have been carelessly polluting our lakes, rivers, streams, groundwater, and eventually oceans by dumping and pumping massive pieces of garbage and invisible chemicals into these water bodies. What is shocking is that we are still trying to find excuses, crafting and creating conspiracy theories. There is no willingness to discuss and debate our wrongdoings and misdeeds that invaded, destroyed, devastated and demolished each and every corner of the world for our personal leisure and greed. **(Sanaullah Baloch, THE NEWS)**

In the coming future, overseas Pakistani workers will need all the help they can get from the authorities to limit their losses. The government may have to discuss with authorities of GCC and other countries the rights of workers whose job permits expire due to travel restrictions and the payment of pending dues of those who lose their jobs. This will be necessary to ensure the well-being of Pakistan's key assets. **(Dr Mazhar Mughal / Dr Junaid Ahmed, THE EXPRESS TRIBUNE)**

World Health Organization
Coronavirus disease (COVID-19) advice for the public: Myth Buster

Do not under any circumstance spray or introduce bleach or any other disinfectant into your body. These substances can be poisonous if ingested and cause irritation and damage to your skin and eyes.

Bleach and disinfectant should be used carefully to disinfect surfaces only.

Remember to keep chlorine (bleach) and other disinfectants out of the reach of children.



World Health
Organization

#COVID19 #coronavirus

**FACT:
Spraying or introducing
bleach or another
disinfectant into your
body WILL NOT protect
you against COVID-19
and can be dangerous**



27 April 2020



People move a coffin of a man who died due to Covid-19 for a burial at graveyard in Abbottabad. *PHOTO: Reuters*



A worker wearing protective gear sprays disinfectant on a train at the Lahore railway station—*Getty Images*



Devotees are silhouetted as they climb the dome of Boudhanath Stupa to perform rituals during the birth anniversary of Buddha, also known as Vesak Day, amid the lockdown imposed by the government in Kathmandu, Nepal—*Reuters*

COVID-19 READS

1. **A better world can emerge after coronavirus. Or a much worse one**
<https://www.theguardian.com/world/commentisfree/2020/may/06/better-world-coronavirus-young-europeans-democracy-universal-basic-income>
2. **The coronavirus crisis may lead to a new way of economic thinking**
<https://www.theguardian.com/business/2020/mar/22/the-coronavirus-is-leading-to-a-whole-new-way-of-economic-thinking>
3. **Coronavirus is a crisis for the developing world, but here's why it needn't be a catastrophe**
<https://www.theguardian.com/commentisfree/2020/may/06/vulnerable-countries-poverty-deadly-coronavirus-crisis>
4. **As the coronavirus crisis ravages the US, what accounts for its stock market outperforming the rest of the world?**
<https://www.scmp.com/comment/opinion/article/3083248/coronavirus-crisis-ravages-us-what-accounts-its-stock-market>
5. **Air pollution returns to parts of China as Covid-19 lockdowns end and people return to work**
<https://www.scmp.com/tech/policy/article/3083303/air-pollution-returns-parts-china-covid-19-lockdowns-end-and-people>
6. **Covid-19 has infected global vocabulary**
<https://economictimes.indiatimes.com/blogs/et-editorials/covid-19-has-infected-global-vocabulary/>
7. **Coronavirus: The health advice that is misleading or worse**
<https://www.bbc.com/news/world-52532651>
8. **Small fashion brands in Asia hit by coronavirus impact**
<https://www.bbc.com/news/business-52438398>
9. **Coronavirus: Will we ever shake hands again?**
<https://www.bbc.com/news/world-us-canada-52506079>
10. **Coronavirus lockdown: Would you report people who break the rules?**
<https://www.bbc.com/news/world-52525463>
11. **Coronavirus: Lockdown bites poor as France eases grip**
<https://www.bbc.com/news/world-europe-52557722>

12. **Public opinion is no obstacle to lifting lockdown**
<https://www.telegraph.co.uk/news/2020/05/05/public-opinion-no-obstacle-lifting-lockdown/>
13. **Will the private sector unite to fight COVID-19?**
<https://nayadaur.tv/2020/05/germany-to-consider-further-relaxing-coronavirus-restrictions/>
14. **Covid-19 — A wakeup call for higher education**
<https://www.bbc.com/news/science-environment-52529830>
15. **Coronavirus eats into Singapore's already struggling hawker trade**
<https://www.aljazeera.com/news/2020/05/coronavirus-eats-singapores-struggling-hawker-trade-200504090429208.html>
16. **Coronavirus lockdown: Inventive routes back to normal life**
<https://www.bbc.com/news/world-52470472>
17. **A coronavirus crimewave: How illegal loggers are profiteering**
<https://www.aljazeera.com/indepth/features/coronavirus-crimewave-illegal-loggers-profiteering-200507060825786.html>
18. **Go online or cancel? Summer camps try to adapt to a pandemic**
<https://edition.cnn.com/2020/05/07/health/summer-camps-pandemic-coronavirus-wellness/index.html>

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