

Pakistan government allows new wave of COVID-19 pandemic to run rampant

Sampath Perera**30 March 2021**

Fueled by new more contagious and lethal variants of COVID-19, a third wave of the pandemic is rapidly developing in Pakistan, leading to a surge in infections in the country's densely populated cities. Despite the gravity of the situation, Prime Minister Imran Khan and his Islamist populist Pakistan Tehreek-e-Insaf (Movement for Justice) government continue to adamantly rule out taking the social and public health measures necessary to prevent mass infections and deaths.

Two weeks ago, the government was forced to admit that the more contagious B.1.1.7 or British variant was dominant in the country amidst a surge of new cases, and that the country was facing a “dangerous” situation.

Since last week, new COVID-19 cases have remained above 4,000 a day for the first time since June, while the test positivity rate remains above 10 percent—an indication that only a fraction of the infections are being officially identified.

Those who have been infected during the current surge, which began in early March, include Khan himself, the country's president, Arif Alvi, and Defense Minister Pervez Khattak.

Khan, who throughout the pandemic has sought to downplay the threat from the virus, has previously been criticized in the media for appearing in public without a mask. Unsurprisingly, with callous disregard to the personal health of his own media team, Khan convened an in-person meeting at his palatial residence just days after testing positive.

Khan's refusal to adopt measures to curb the latest wave of infections is in line with his opposition all along to any measures to suppress the spread of the virus.

Islamist right-wingers seized upon the reports of Khan's infection to escalate their “anti-vaccination” campaign, deliberately misconstruing the significance of Khan having tested positive for COVID-19 just two days after he received the first dose of a two-dose vaccine.

Islamic fundamentalists have long campaigned against vaccinations. But they have become further emboldened in

recent years, because Khan and the entire Islamabad establishment have repeatedly made concessions to them so as to cultivate a reactionary bulwark against the working class. Health workers administering the polio vaccine have repeatedly been targeted for assassination in recent years.

Prime Minister Khan, the president and defence minister are all reportedly in stable condition with ample medical care and facilities available to them. However, for the vast majority of the impoverished Pakistani population, it is an entirely different story. The new wave of the pandemic presents them with a health and economic catastrophe. Many households have only one breadwinner, meaning that they must make the choice between risking their health under dangerous working conditions or putting food on the table for their family. There is no space to quarantine in these crowded dwellings. Getting tested for coronavirus is virtually impossible, as is access to adequate health care in general.

Asad Umar, the minister leading the PTI government's response to the pandemic, has ruled out implementing a “complete lockdown” to contain the virus' spread. He announced the government's decision after convening a meeting of the National Command and Operation Centre (NCOC) last week. Provincial governments and local authorities are continuing with haphazard and insufficient measures, including “smart” and “micro-smart” lockdowns in localities where the test positivity rate is higher than 8 percent. Businesses in some areas have been asked to shut down by 6 p.m.

The government also has no serious vaccination plan. Initially it allotted no money for procuring vaccines and relegated all responsibility for supplying the Pakistani people with vaccines to COVAX, a vastly underfunded World Health Organization (WHO) initiative tasked with providing free vaccines to poor countries.

With the delivery of doses from COVAX delayed due to production mishaps and the vaccine nationalism of the major capitalist powers, the government with much fanfare launched a “vaccination program” for health workers after

China donated 500,000 doses of its Sinopharm vaccine and pledged an additional 500,000.

Sinopharm, like the majority of COVID-19 vaccines, requires that recipients receive two doses to be fully effective. Facing widespread criticism, the government subsequently announced that it would purchase 7 million additional doses from China. This would be enough to fully vaccinate 3.5 million of Pakistan's 216 million people or less than 1.5 percent.

The government has also now set price caps for commercial vaccine imports, reversing an earlier decision to exempt COVID-19 vaccines from the country's vaccine-price regulatory regime. However, the price remains prohibitive for the vast majority of the Pakistani population. Thus the commercial imports will benefit only a tiny minority comprised of the elite and more affluent.

The underlying thrust of the government's policy was made clear when Umar blamed the poverty of the population for the government's inability to enforce a "complete lockdown." It is "not the solution," the former business executive said, cynically adding, "You cannot shut down the entire country and steal people's livelihoods."

In other words, the government will not attempt to suppress the third wave of the pandemic because it does not want to incur any cost doing so. It has refused to provide any economic assistance to those in need and intends to wait for someone to supply vaccines free of charge to the vast majority of Pakistanis. Khan's main concern remains averting any impact on business profits and the wealth and investments of the capitalist elite, regardless of the cost to the lives and wellbeing of the working class and rural poor.

Umar, as the minister for Planning, Reforms and Special Initiatives in Khan's cabinet, plays a key role in the government's implementation of International Monetary Fund-championed pro-market "reforms." These include the elimination of subsidies, tax increases, the sell-off of publicly owned enterprises, and restrictions on borrowing from the country's central bank. These measures had drastically increased poverty among the masses even before they were hit by the pandemic. Vastly underestimated official figures show that 60 million people live in poverty, an increase of 10 million from prior to the pandemic.

According to Sania Nishtar, a special assistant to Khan, the pandemic affected the livelihoods of 24.9 million last year. Yet, when the government announced an emergency assistance program, 139 million people applied for support.

Concerned only with averting mass social unrest, the government ultimately provided a meagre sum of roughly 12,000 rupees per head (about US\$75) to 16.9 million people. In total, it spent 203 billion rupees or \$1.2 billion, leaving tens of millions to suffer in destitution.

The amount it spent was even less than the \$1.4 billion it borrowed from the IMF in April 2020 under an emergency financing program the agency established to mitigate the pandemic's economic fallout. In comparison, Pakistan's overall defense related expenditure last year was estimated at \$11 billion, which represented an increase of at least 12 percent over the previous year.

Khan and his government similarly resisted any measures to contain the pandemic last year. As the social crisis intensified due to the government's refusal to provide adequate financial support, the PTI government seized on the distress and misery of wide layers of the population to intensify its campaign against any economic shutdowns. It demanded the reversing of limited lockdown measures enforced by local governments, and the reopening of factories and other economic activities regardless of the spread of the virus.

For the impoverished population, the basic necessities for any effective response to the pandemic—such as decent housing, running water and free access to well-equipped health facilities—are luxuries beyond imagination. In 2014 an estimated 32 million people lived in slums in the nuclear-armed South Asian nation, a figure which must have increased substantially over the past seven years given the country's rapid urbanization and population growth.

For the vast majority of the poor, health facilities are abysmal. A UNICEF report in 2020 provided a bleak picture of the health of slum dwellers in Pakistan's largest cities. Its "in-depth study" to determine the vaccination coverage against childhood diseases for children aged between 12 and 23 months revealed that only 53 percent were fully vaccinated. Fully 33 percent of mothers did not know that vaccinations protect their children from diseases, and 44 percent were unaware of the vaccination services provided in their neighborhood, if any.

In the past 12 months, Pakistan conducted just over 10 million tests for COVID-19, with the daily test rate currently hovering around 40,000. The severe lack of testing and reporting, combined with the lack of access to health care, have led to Pakistan having comparatively "moderate" and undoubtedly vastly undercounted "official" figures for COVID-19 infections and deaths—663,200 and 14,356 respectively.



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