

EDITORIAL

THE COVID-19 PANDEMIC AND RESEARCH IN RESOURCE-LIMITED SETTINGS

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In December 2019, distant murmurs were heard of a possible zoonotic virus somewhere in a wet-market in Wuhan, China. Subsequently, alarm bells began to ring when the first human-to-human transmission of a novel Coronavirus was reported in January 2020.¹ Pakistan reported its first case on February 26th and found itself in the midst of the global pandemic of the SARS-CoV-2, Covid-19. In Pakistan, like every other country, health-care workers have found themselves in the eye of the storm; as this editorial is being written, approximately 249,000 cases have been diagnosed and more than 5000 have succumbed to the pandemic.³ Like the rest of the world, we also lived through an early scramble to save lives and obtain the basic needs for patients e.g. a face mask or oxygen, yet the importance of local research could not be and, even now, cannot be underscored enough to go hand-in-hand with the clinical needs of patients. Chinese doctors and scientists spearheaded Covid-19 research published by some of the leading journals such as *The New England Journal of Medicine* & *The Lancet*.⁴⁻⁸ The commendable decision to share Covid-19 research via the net with open access has provided doctors all over the world with ever-evolving tools and insights to diagnose better, treat better, protect better and ultimately save more lives. The commendable decision to share Covid-19 research via the net with open access has provided doctors all over the world with ever-evolving tools and insights to diagnose better, treat better, protect better and ultimately save more lives. In recent weeks, the early recovery but lack of mortality benefit of hospitalized patients with Remdesivir,⁹ In recent weeks, the early recovery but lack of mortality benefit of hospitalized patients with Remdesivir,⁹ the mortality benefit of low dose Dexamethasone in severely ill patients¹⁰ and the potential of aerosol transmission¹¹ are just some of the data which have helped better manage patients and understand the biology of the virus. the mortality benefit of low dose Dexamethasone in severely ill patients¹⁰ and the potential of aerosol transmission¹¹ are just some of the data which have

helped better manage patients and understand the biology of the virus. By now, it is clear that Covid-19 has geographical variations even within countries. Preliminary data shows that the approximate death rate per million of population at 24 in Pakistan, is considerably lower than that in both Italy and UK: 578 and 660 respectively¹² - even though health-care facilities in these countries are some of the best in Europe. Why so? Why the decline in cases in Lahore and Punjab whereas the disease continues elsewhere in the country at elevated rates? What are the manifestations in children? What is the psychological impact of the disease?

These are just some of the questions which can only be answered by fact-finding, scientific and methodical investigation and analyses. In Pakistan, research for Covid-19 requires organization, motivation and ethical considerations more than state-of-the-art medical facilities. Medical students, an untapped resource, have contributed to the research effort in many countries afflicted with dwindling man-power of health-care professionals during the epidemic. Irrespective of resources, now more than ever, local health-care professionals need to initiate a scientific inquiry into Covid-19 to better understand the disease and its myriad implications. In the long run, this is the only way to mitigate the human, psychological and economic impact in Pakistan. Shying away from problems, waiting for miracles, first-world resources and borrowed solutions are never the answer; research is.

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