**Institute for Policy Reforms**Press Release, 29 March 2020

**Are anti-malarial drugs the answer to COVID 19?**

The Institute for Policy Reforms (IPR), has issued a follow-up report regarding the recent crisis caused by the COVID-19 pandemic. In this report, recent claims made by US President Trump regarding a possible cure of the COVID-19 virus is assessed. According to President Trump, the use of hydroxychloroquine and chloroquine was a solution to combat the new virus. As a consequence, stocks of these two medicines disappeared across the globe. In Nigeria, three people became sick and one person died after using these drugs. Soon after, the head of the US Federal Drug Administration (FDA) denied clearing them for use to cure COVID-19, and claimed these medicines needed to go through further clinical trials. President Trump is known to shoot from the hip, but this time it was about a matter of life and death. And at least in one case, death came unwarranted.

In Marseilles, France, a study that is still on going, has released preliminary indication about the efficacy of hydroxychloroquine. Experts say the two drugs do show potential to become a possible cure, but the data is still weak, too soon to tell, and will need further clinical trials. Furthermore, the research conducted in Marseilles, was not undertaken under a controlled environment, nor did it follow FDA approved guidelines. This is why the experiment and its results have split the world of experts who study disease. While some applaud the finding, others cast doubt on the experiments method. Yet, even if hydroxychloroquine is a possible cure for COVID-19, it will probably take weeks, if not months, before it is mainstreamed for treatment.

Additionally, the report investigates the notion that the use of chloroquine may have built immunity among the people of South Asia, which is why they are reporting fewer cases of COVID-19 as compared to other regions in the world. There is a view, and not without validity, that perhaps low incidence in South Asia is because of widespread use of chloroquine for malarial treatment. This is an important observation. For nations with weak health systems, in fact, it could be a lifeline. But clearly the governments of South Asia have not come around to the idea. However, the reason why there a fewer number of cases being reported in South Asia is due to lack of testing and reporting of mild cases.

A report published by the US Center for Disease Control highlighted that what may build may build immunity is frequent and regular exposure to the mosquito that bears the malaria parasite. This often happens in tropical countries. Regular exposure to malaria parasites can build immunity against malaria. But does that immunity transfer to COVID-19? There is no evidence to suggest so. It would be a dangerous assumption to make, given the explosive nature of the pandemic, which is why more tests are required.

Lastly, the report suggests important recommendations the Pakistani government must continue to take. The current trajectory of the disease in Pakistan is disturbing if not alarming. Pakistan is in partial lockdown, which should help. Congregations in mosque are still allowed. And it takes one exception to break the benefit of many days of social distancing. A lockdown is the minimum we can do, given that the quality and quantity of our health capacity is such that a breakdown would ensue, if we don’t.

Because of the similarity of our environment, Pakistan should take cue from a study of what India should do. Indian expert Ramanan Laxminarayan, who is both an economist and epidemiologist, estimated that 300-500 million will be infected in India, of whom 30-50 million would be serious cases. Now with the lockdown in place, that number will go down sharply. Strict compliance of social distancing could bring the numbers down by 70%. Yet, about a million people will still need to be hospitalized. His research also advocated quickly setting up “temporary COVID-19 treatment facilities” and procuring needed equipment, especially test kits. Health workers would need personal protective equipment. And there should be enough hospital beds, oxygen-flow masks and ventilators. Failure to do so he fears, would exact “a heavy toll”. An earlier report by this Institute gave similar recommendations and pointed at the consequences of not doing so.

So, it is unlikely that South Asians are immune to COVID-19. Outbreak of the disease is still likely, which would take a few weeks more. Once that happens, there would be a collapse of our systems with high human and economic costs. The time to act is now. We need to take clear and decisive actions to test, identify, trace, isolate and treat. In the coming days and weeks, we must build the capacity of which we are woefully short. There is no magic solution.