



Management during and after Covid-19 Pandemic: A Descriptive Quantitative Study

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ABSTRACT

This study reviewed the status of various management sectors of Pakistan, i.e., education, health, and economic. The current international economic disease COVID-19 is the highlighted determinant because it almost affects all the segments. It was initially diagnosed in China and then spread all over the world. It is declared as Coronavirus and also as a global pandemic by WHO. So, the Pakistan health ministry prepared some plans of action to fight global pandemics like the rest of the world health ministries under the guidelines of Global Health Security. After diagnosing the first patient in Pakistan, it spreads exponentially, and after few days, it covered hundreds and thousands of people. The infection line remained straight upwards till September 1, 2020, and then it shifts downwards from November 15, 2020, to January 15, 2021. In this situation, the Pakistani government and health ministry took several hard decisions to minimize that pandemic's effect. One of them is lockdown which almost took by every country. The effect of lockdown in Pakistan is from November 15, 2020, because the curve of COVID-19 moving to declined. This global pandemic destroyed every sector of the country; in 2020, Pakistan's budget deficit is -2.3% and after that pandemic in 2021 budget deficit reached -8.1%, which created an alarming situation in Pakistan and the rest of the world. But after the proper management by the Pakistan government, the budget 2020-2021 schemes improved the total revenue of Pakistan up to 7.4% of the GDP and reduced the expenditure that resulted in a deficit reduction. Conclusively, despite Coronavirus, the GDP of Pakistan significantly improved in the past few years. So in this study discussed the problem created by global pandemic COVID-19 and how the government of Pakistan overcame this global issue.



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1. Introduction

According to the history of the world, global pandemic came after few decades. And they took large numbers of people from the world and destroyed the whole world or specific area and these have a wide range of infections and times. These pandemics not only disturbing human being the also other wildlife severely affected by these diseases. These pandemics disease increased the mortality rate and increased the significant social, political, and economic losses. Literature study suggests that increasing urbanization trends, globalization, and excessive utilization of environmental and natural resources increased the tendency of pandemic diseases (Cahill, 2010; Chiapello, 2017). Currently, a global pandemic named COVID-19 is among the deadliest pandemics globally, and enduring disease is still rapidly spreading worldwide. Almost two months after the first reported corona case on March 11 2020, WHO named this world pandemic disease a COVID-19. Acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is the causative agent of coronavirus COVID-19. The coronavirus patient was first time reported in Wuhan, the city of China, in December 2019 and later by the World Health Organization first

time declared COVID-19 as a pandemic on April 7 2020. The reproduction rate of COVID-19 ranges from 2 to 2.5 reported by WHO, which means that one person infected by corona spread the infection of COVID-19 to the following 2 to 2.5 new people (Dzigbede & Pathak, 2020).

The other most corrosive effect of this disease that the main resin behind the global spread is an asymptomatic patient of COVID-19. According to Iceland's testing lab, no significant symptom has been reported in more than 50% of coronavirus patients (John, Pirkis, Gunnell, Appleby, & Morrissey, 2020). According to WHO, Coronavirus is one of the deadliest pandemic diseases, with more than 84660507 cases reported on January 1 2021, and more than 1837163 deaths worldwide. According to WHO reports, the United States is most adversely affected by the COIV-19 compared to other countries, and India is the second country that is adversely affected by COVID-19. Pakistan is also a top-listed country that tries to withstand the hazards of Coronavirus (Kaleem & Bashir, 2020).

The first two cases of COVID-19 were reported on April-7th, 2020, in Pakistan, confirmed by the special assistant on Health of the Prime Minister of Pakistan. The first COVID-19 patient was a student at Karachi University, and the second patient belongs to the Federal aria of Pakistan. But later on, after a week, three more patients of COVID-19 had been reported on March 26 2020, and their number increased to 1179 on Jun-4th 2020, published by the national health organization of Pakistan. According to the National Health Organization report, more than 5.5 lakh people were affected by COVID-19, and more than 11000 deaths were reported on January 1 2021 (Noreen et al., 2020). The ministry of education of Pakistan shuts down all the educational institutes due to public health emergency due to novel COVID-19. The shutting down education institutes across all our Pakistan due to health security is the contagion impact of Coronavirus. Due to the shutdown of educational institutes worldwide (Barnes et al., 2020).

One of the significant responsibilities of public administration in case of emergency is the public "Public Emergency Management" (Guo, Mitchell, Withington, Fan, & Hendricks, 2008). In the earlier 21 century is the initiation of Coronavirus, which rapidly spread all over our World. In response to Coronavirus, China government evolved a series of public management initiatives for public health, including lockdown, social distancing, and closed the schools (Wang et al., 2020). All the countries around the world have adopted different policies to control an outbreak of COVID-19. These policies for controlling the Coronavirus include lockdown, smart lockdown, suspending air travel, closing the borders, and social distancing (Thunström, Newbold, Finnoff, Ashworth, & Shogren, 2020; Wang et al., 2020). After the outbreak, Pakistan's economies are inferior due to reducing international credit, remittances, and exports (Hevia & Neumeyer, 2020). Before the outbreak in 2019, the GDP rate of Pakistan was 3.3%, according to the State Bank of Pakistan, but after the outbreak, at the beginning of 2020, the DGP growth rate show few favorable trends, but later it adversely affected due to Coronavirus (Asghar, Batool, Farooq, & ur Rehman, 2020).

The government of Pakistan took several measures like suspension of international travel, closure of educational institutions, and province-wide lockdowns to mitigate the outbreak that adversely affected economic development (Khan, Zubair, & Rathore, 2020). It is estimated that the world economy fasces 1.3 trillion US dollar losses. According to the reports, 1/3 population of Pakistan expends their lives below the poverty line, and during the COVID-19, this number increased father over 40% due to the reduction of the economy. The world industries were facing the spillover, textile industries of China facing the 44 million UD dollar spillover, a massive downsizing in the textile industry (Fugazza, 2020). Pakistan is also facing spillover in different industries, for the reduction of financial limitations Rs. 1.3 trillion packages have been announced by the Government of Pakistan. The introduction of the Ehsas program is one of the essential initiations by the Government of Pakistan through with \$900 million has been distributed among the poor people. The reduction of policy rate has been announced by the State Bank of Pakistan from 13.25% to 8% in May 2020 (Sareen, 2020).

A different study has been reported on education management, economic loss, the introduction of E-learning, and the impact of lockdown during the Coronavirus. But the role of management of different departments during the COVID-19 has not been reported. This quantitative study aims to overview the impact of different management institutes to overcome the adverse effect of Coronavirus in Pakistan, including education, economy, Government of

Pakistan, and public management. A research question is the management's role in overcoming the adverse effect of COVID-19 on education, economy, and public management.

2. Review of Literature

Despite the distractive nature of pandemics, the World faces rare pandemics in the brief history of humans. The wakes of pandemics are too severe and longer on folks' lives and livelihood. World pass-through the many global pandemics, and the puissance of these pandemics still imprinted on the history of humanity despite that it has successfully managed before it comes out. Jordà *et al.* (2020) investigated the impact of pandemics on long-term economic consequences. This study reveals that a long, naturally sustained period followed by each pandemic outbreak helps the people withstand the pandemics. Not only Millions of people killed during the pandemics, but it also destroys the world economy. SARS and MERS are the recently worldwide pandemic known for their economic distraction (Rha *et al.*, 2021). Fernandes (2020) investigated that the dark economic impact of SARS and MERS are severe but not as much as Coronavirus. Mendez *et al.* (2021) reveal that COVID-19 has a 3-time greater impact on the world economy than SARS. Ferguson *et al.* (2020) studied the impact of COVID-19 and reveals that pandemic coronavirus is dangerous compared to the Spanish Flu pandemic spread in 1918. Different economics reviews investigated the economic impact of Coronavirus on global GDP. However, ADB investigated that 9.7% of world GDP or 8.8 trillion US dollars is the estimated cost on COVID-19 worldwide, and this estimation is much higher than the estimated GDP cost on the global economy of IMF (6.3%) and World Bank (2% - 4%). Due to the rambling nature of this outbreak this drastic difference on estimated cost of this pandemic has been observed that made it to impossible to credibly calculation.

Different strategies have been adapted globally to control the Coronavirus, including shutting down the school, colleges, universities, social distancing, and lockdown. Based on date, WHO declared that social distancing, lockdown, and shutting down educational institutes are the best strategies to control infection spreading worldwide. The lockdown of a particular place becomes the best policy to control the crowd in public places that ultimately control the public interaction and COVID-19 infection. Despite that, lockdown is one of the best policies to control the Coronavirus, but it also destroys the economy. The economy of emerging countries highly affected under lockdown as compared to developed countries. More than 40% of the people spending their lives under the poverty line in undeveloped countries, and lockdown policies increased the like hood of poverty. Lockdown suspended all economic sectors in the country that make more susceptible to poverty in these countries. That why we should adopt an alternative policy as compared to lockdown in undeveloped countries argue by (Ahmad & Pantamee, 2020; Bown, 2020). Pakistan is a top-listed country in undeveloped countries which have a more significant informal sector.

According to the International Labor Organization, more than 73% of employees belong to the informal sector in Pakistan. The lockdown policy freezes the informal sector, which means that 73% of employees are at risk. So it creates an unsafe situation for those employees like they faced huger. Waris, Ali, Khan, Ali, and Baset (2020) It was investigated that the present medical management of Pakistan quarantine and hospitals are not satisfied that faced any medical emergency.

3. Pandemic Covid-19 in Pakistan

The first two cases of COVID-19 were reported on April-7th, 2020, in Pakistan, confirmed by the special assistant on Health of the Prime Minister of Pakistan. The first COVID-19 patient was a student at Karachi University, and the second patient belongs to the Federal aria of Pakistan and reached 213470 on July 1 2020.

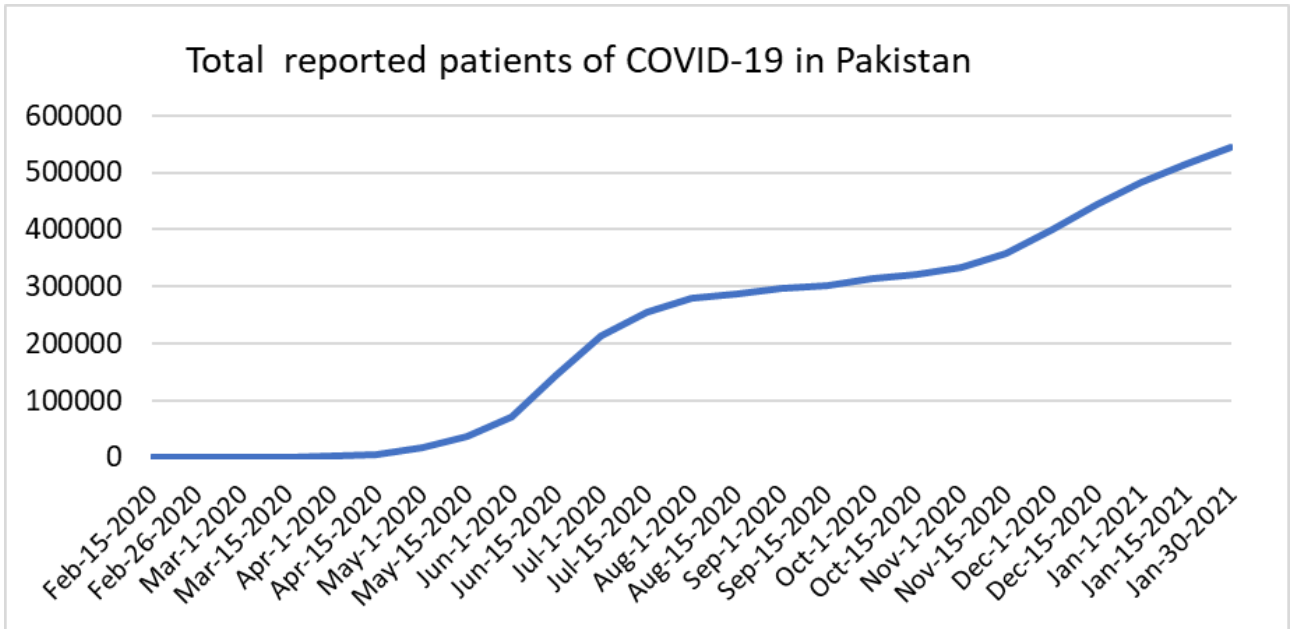


Figure 1: Shows that the total number of deaths by COVID-19 in Pakistan

The coronavirus case was initially reported in China in 2019, later reported on March 11, 2020, in Pakistan. The COVID-19 started in China and then spread all over the World. After identifying the first case in Pakistan, Coronavirus infection spread exponentially. Only in few days, it reached hundreds and thousands. The infection curve remains to stare upward at September 1, 2020, and become smaller horizontal from November 15, 2020, to January 15, 2021. Figure 1 indicated that COVID-19 infection reduced after September 1 2020, due to proper public management by the management of Pakistan. The lockdown policies of Pakistan reduced the social interaction between the public sectors. After the lockdown Government of Pakistan introduced innovative lockdown policies. The wise lockdown policy is an alternative tool to protect the public from the effect of lockdown. The smart lockdown freezes only that area that is the hotspot for COVID-19 infection.

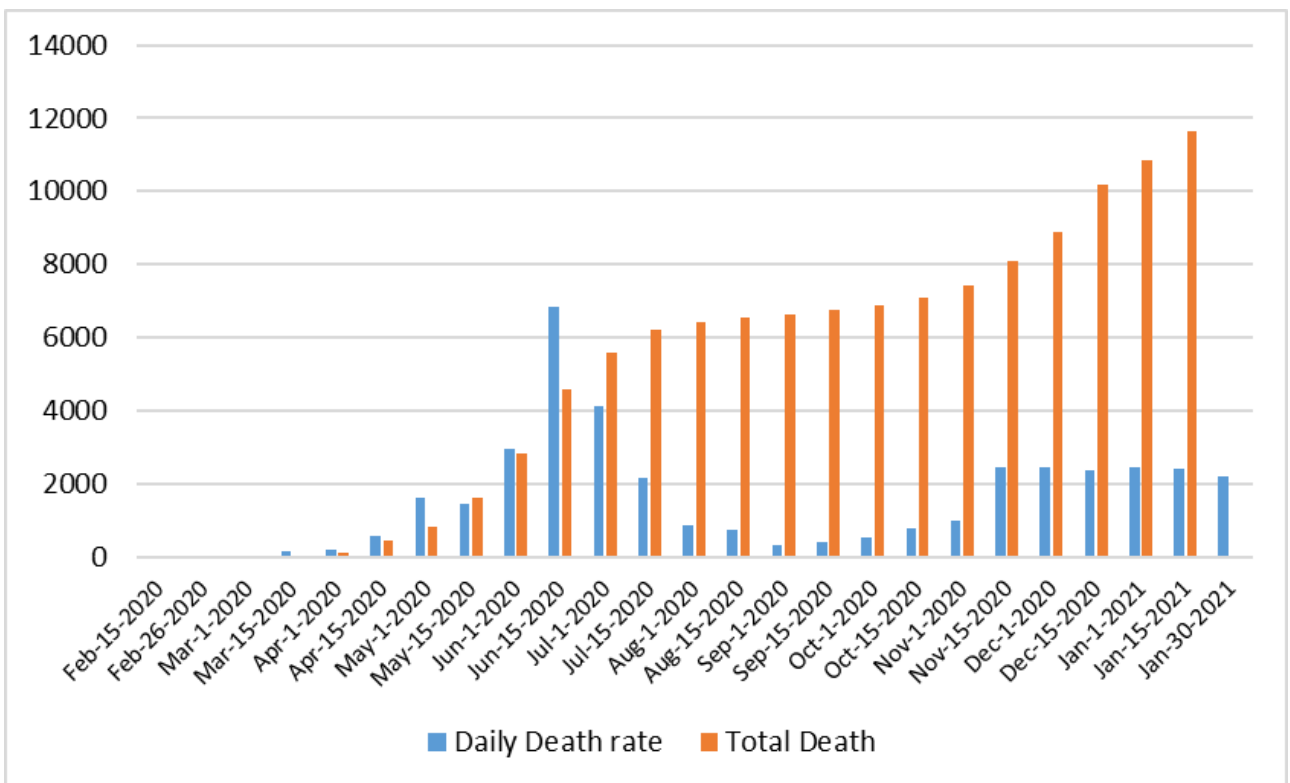


Figure 2: Shows the relationship of daily death rate in Pakistan compared to total death by COVID-19 in Pakistan

The data recorded after 15 days based on data provided by the National Health Organization of Pakistan. According to figure 2, initially, the death rate is higher than the maximum death rate reported on June 15, 2020. And after June 15, 2020, the daily death rate moves slower as compared to before. So, according to figure 2, the daily death rate was under controlled by imposed proper management by management authorities.

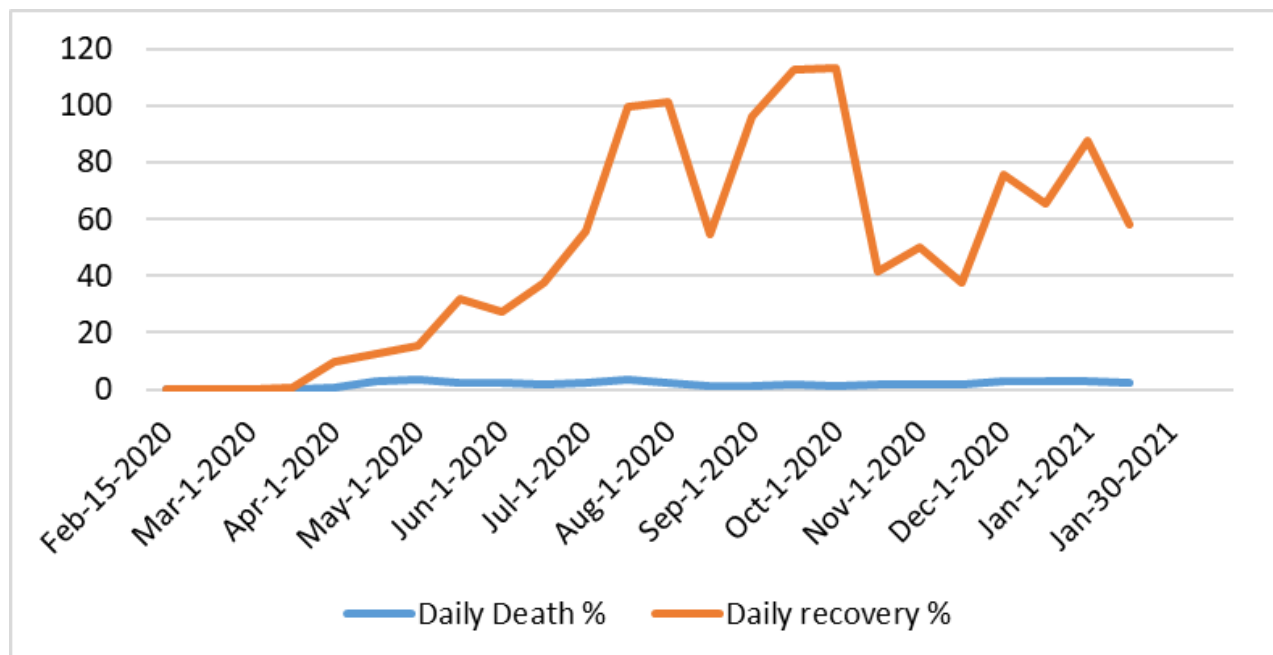


Figure 3: Show the comparison of daily death rate and the daily recovery rate in Pakistan measured by comparing data by WHO recorded at the interval of 15 days

The death and recovery % are measured by daily death, and recovery rates by daily reported new cases. The recovery % is higher than the death percentage. Initially, the death rate is higher and creating an alarming situation for Pakistan, but Pakistan's proper management of the health ministry improved the recovery percentage and created a hopeful situation in the country. The different strategies adopted by the Health Ministry of Pakistan including quarantine, chemical therapy, and plasma therapy. The proper and synchronized strategies protected Pakistan by facing like a claymore of COVID-19 and hunger.

4. Pandemic COVID-19 and Economy of Pakistan

According to the IMF, Pakistan's forecasted GDP was 2.4% before the outbreak of COVID-19, and the inflation rate is twice the numbers. After the pandemic outbreak, the world economy was trapped due to various problems, and the economy of Pakistan was also affected due to various factors followed by the management to control the Coronavirus. Various measures have been adopted by the Government of Pakistan to overcome the trapped economy. The different measures adopted by the World, including lockdown, blockage of air travels, and closing borders to control the Coronavirus, blocked the trading and financial stocks that ultimately despoiled the world economy. The financial stock of Pakistan was also trapped after the outbreak and created terrible economic situations in the country. According to the World Bank report, Pakistan's expected GDP growth rate goes into negative values ranging from -1.3 to -2.2 % due to COVID-19. These economic situations were creating an adverse effect on the supply and demand of economic shocks. The distribution and production of stock ultimately affected after the outbreak adversely affects the supply side of the economic stock. After the COVID-19 Global supply chain of economic stock was disrupted due to air travel disruption, suspending export order, and lockdown. Due to that global pandemic, the production sector faced many problems due to that the production level is reduced in that specific time period which results in a decline in the import level in all the sectors of Pakistan (Asghar *et al.*, 2020). The disturbance in import and export of Pakistan ultimately disturbing the GDP% of Pakistan.

Table 1
Comparison of DGP 2019-2020 and 2020-2021

GDP% of Pakistan	July-Sept 2019	July-Dec 2019	July-March. 2019-2020	July-June 2019-2020	July-Sept 2020	July-Dec. 2020	July-Sept 2020	July-Dec. 2020
Total Revenue	3.4	7.3	10.7	15	3.2	7.4	3.2	7.4
Total Expenditure	4	9.6	14.5	23.1	2.5	5.4	2.5	5.4
Budget deficit	-0.7	-2.3	-3.8	-8.1	-1.1	-2.5	-1.1	-2.5

Before the outbreak, Pakistan's total expenditure before the outbreak was 9.6%, and the budget deficit is only -2.3 % from July to Dec 2019. While after the outbreak, the budget deficit of Pakistan reached -8.1% and creating an alarming situation in Pakistan due to disturbance in import and export. But after proper management Finance Ministry of Pakistan and the Revenue Board offering the best budget in the record of the past few years. The budget 2020-2021 scheme improved the total revenue of Pakistan up to 7.4% of the GDP and reduced the expenditure that results in a deficit reduction has been recorded. In the face of Coronavirus, the GDP of Pakistan significantly improved concerning last year. This data based on the budget inauguration by the Finance Ministry of Pakistan.

5. Management of Pakistan after the COVID-19

The Health Ministry of Pakistan looked into action when World Health Organization (WHO) declared Coronavirus a global pandemic. The Health Ministry of Pakistan prepared planes to fight that global issue under the guidelines issued by the Global Health Security. Including the SOPs for public and all international travelling agencies and flights to coming to Pakistan followed it for the sack of national health issues (M. S. Asghar et al., 2020). Western countries temporally sealed all the international flights and borders in response to the COVID-19 outbreak to sack public health (Guardian, 2020). Infrastructure and policies were recruited at regional, provincial, federal, and national levels for testing, detecting, and preventing the confirmed cases of Coronavirus. The Government of Pakistan is working on emergency bassetes to detect and rapidly Quarantine the positive cases of COVID-19.

Vecchio et al. (2020) The multinational and many privates' companies were developing the practicing the different procedure of working-from-home for the sack of their employees—the multinational companies were producing a platform for the sake of their public. The public has been advised through different channels to follow the SOPs, social distancing, and strict guidelines provided by the Government of Pakistan. Under the Special Advisor to Prime Minister, a National Coordinating Committee has been developed to review the national emergency of Coronavirus and report the Prime Minister daily (Bhatti-Sinclair, 2021). The most affected province Sindh timely followed the health measure and imposed the health emergency, followed by all other provinces and imposing the complete lockdown in KPK, Sindh, Baluchistan, and Punjab on March 22, 2020 (News T. Coronavirus). After the complete lockdown, the informal sector of Pakistan, which comprises 73% of the total employees of Pakistan, was effect very adversely. To protect Pakistan from the adverse effect of lockdown, the Prime Minister of Pakistan imposed an intelligent lockdown on June 23, 2020. Further, Pakistan partially uplifted the strict lockdown policies and announced to the markets, shaping malls, cinemas, and markets. And follow the innovative lockdown policies that uplifted the economy through the circulation of stock in a different area of Pakistan (Saeed et al., 2021).

5.1. Quarantine Facilities

According to the National Disaster Management Authority guidelines, mild Coronavirus cases should quarantine on an urgent basis. So the Pakistan Health Ministry allocated places all over the country to quarantine mild cases and control that global disease. Initially, three main halls of Pakistan houses had been allocated as quarantine centers at Taftan-Zahedan border for the proper look after the pilgrims retiring from Iran consisting of 2000 inadequate and proper

facilities (Kutikov et al., 2020). Iran had more than 7000 tourists to Pakistan. After the 3 days stay of pilgrims in the quarantine center on February 28, 2020, they were sent to their respective providence. After reaching their respective home province, all pilgrims were forced to stay at least 14 days on different quarantine centers for further screening developed under the control of the province and Directorate of Central Health Establishment. These quarantine centers were allocated at different places, including Quetta, DG Khan, Dera Ismail Khan, and Sukkur. Karachi's Pakistan Army expo centers were shifted to quarantine centers having 10000 bade and proper facilities (News T. Coronavirus: Pakistan Army helps set up eld hospital at Karachi's Expo Centre) (Noreen et al., 2020).

5.2. Allocation of Budget for COVID-19

In the World, Pakistan is listed in these countries that spend the lowest budget in public health, less than one percent of total GDP was allocated for public health, and only 0.6 bed/1000 people are present health situation of Pakistan. For the development of the health sector in 2019, only Rs 12671 million were assigned (Akseer, Kandru, Keats, & Bhutta, 2020). The Government of Pakistan allocating the 1200 billion rupees for overtaking the adverse effect of Coronavirus in the 2020 to 2021 budget, and 875 billion were further allocated. From that budget, 75 billion were allocated for hiring the different equipment and medicines for COVID-19. The government of Pakistan successfully purchased masks, testing kits, ventilators, and other medicines from China to improve the health facilities. Although, Pakistan's health sector still faces many serious issues and needs to improve the health budget.

6. Pakistan and Health Facilities During COVID-19

The public health facilities are prime responsibilities of the state provided at three different levels, including primary health facilities, sec- health facilities, and tertiary health facilities (Regional Health Systems Observatory- EMRO (Al-Jawaldeh et al., 2020). Both public and private sectors are the main constituents of the state health facilities. Pakistan has painful and susceptible healthcare and trained human resource system that might be creating a bad situation in-country during the Coronavirus.

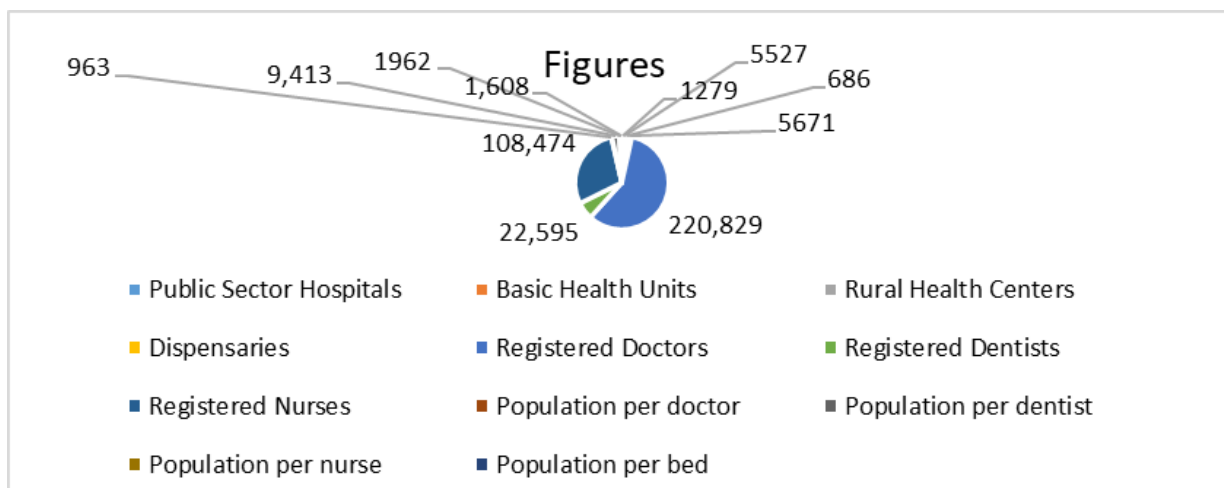


Figure 4: Provides information about the health recourses and trained human resources in Pakistan

The present health resources of Pakistan are not sufficient for the 212.82 million population (Deschasaux-Tanguy et al., 2021). As mentioned earlier, the health as mentioned resources is not sufficient for the population of Pakistan, and in an emergency, just like the COVID-19, the present figure shows the painful condition. The requirement of new nurses and medical students required for the improvement of trained human resources. Punjab has the highest capacity of beds ranging from 45% among the total resources of beds in Pakistan, 132663 beds, including dispensaries and public hospitals. Life support management is essential for treating severe cases. Only a few life support systems like ventilators are present in both public and private sectors that enhanced managing the severe Coronavirus cases. The exponential growth rate in COVID-19 cases further creating a shocking situation in the health sector. The proper availability of life support systems, including ventilators in public and private hospitals, is crucial. And these systems represent the powerful mitigating approaches to face

any health-related difficult situation. According to the literature, only 1650 ventilators are working in Pakistan for such a vast population of more than 212.8 million.

Unfortunately, the present situation represents a poor situation for mitigating such a severe pandemic (Butt, Ahmad, Misbah, Mallhi, & Khan, 2020). In case of an outpouring of COVID-19 cases, Pakistan faces a very hygienic situation like Italy and Iran. On an emergency basis, all the countries improving the stock of ventilators on emergency bases to improve the health resources. The proper availability of ventilators to each severe patient becomes a challenge for well-developed countries during the outbreak, including Italy, UK, and the US. The exponential growth rate of corona cases reduced the stock of ventilators in the World. And in that situation, excess of ventilators to the severe patient becomes challenging. And it was creating challenges for health professionals to decide who gets the ventilators, as occurred in Italy. And that decision based on the age and critical situation of patient 34. The Government of Pakistan, taking a step toward health care and imported 10000 ventilators from China, imported the ventilators and started to make its ventilators in Lahore.

7. Educational Management During the COVID-19

Under the instruction of WHO, the education ministry shut down all the academic institutions of Pakistan to restrain public health emergency from novel COVID-19. The shutting down education institutes across all our Pakistan due to health security is the contagion impact of Coronavirus. Due to the shutdown of educational institutions across the World (Crawford et al., 2020). After the shutdown of schools, colleges, and universities child facing educational problems. The first complete shutdown of all public and private's institutes of Pakistan held on March 16, 2020. They were suspending the regular class without stopping the learning first time preferred by the education minister of China (Zhang et al., 2020). After suspending class, the Educational Ministry of Pakistan started the learning procedure by starting the Tale school system on June 26, 2020. The Tele school is one of the best managements offered by the educational Ministry of Pakistan to start learning after suspending the classes. The Tale school system was easily accessed by every citizen across the country.

After the complete review of the corona situation, the Education Ministry of Pakistan decided to reopen the school on September 16, 2020. At that time on daily reported news was reached on 400-300. After November 26 2020, the school was again closed by the Education Ministry of Pakistan. Because the daily reported new cases reached more than 2000. During that time, Pakistan was again facing the embracing situation of COVID-19. E-learning is a powerful tool for achieving the educational goal during the COVID-19. All the educational institutes around World were starting online classes.

8. Summary

The present quantitative study is based on the literature review and present management of various sectors of Pakistan, including education, health, and economy. Almost two months after the first reported corona case on March 11 2020, WHO named this world pandemic disease a COVID-19. As Coronavirus was declared a global pandemic, the Health Ministry of Pakistan prepared plans of action to fight that global pandemic under the guidelines of Global Health Security

The COVID-19 started in China and spread all over our World. After identifying the first case in Pakistan, Coronavirus infection spread exponentially, and only a few days reached in hounds and thousands. The infection curve remains to stare upward at September 1, 2020, and become smaller horizontal from November 15, 2020, to January 15 2021.

The results indicated that COVID-19 infection reduced after September 1 2020, due to proper public management by the management of Pakistan. The lockdown policies of Pakistan reduced the social interaction between the public sectors after the lockdown Government of Pakistan introduced innovative lockdown policies. We were representing a comparison among the DGP% of 2019-2020 and 2020-2021. Before the outbreak, Pakistan's total expenditure before the outbreak was 9.6%, and the budget deficit is only -2.3 % from July to Dec 2019. While after the outbreak, the budget deficit of Pakistan reached -8.1% and creating an alarming

situation in Pakistan due to disturbance in import and export. But after proper management Finance Ministry of Pakistan and the Revenue Board offering the best budget in the record of the past few years. According to the budget 2020-2021, it improved the total revenue of Pakistan up to 7.4% of the GDP while, on the other hand reduced the expenditure it results in a deficit reduction. Even though Coronavirus, the GDP of Pakistan significantly improved concerning last year. This data based on the budget inauguration by the Finance Ministry of Pakistan. The above figure provided information about the health recourses and trained human resources in Pakistan. The present health resources of Pakistan are not sufficient for the 212.82 million population (30). As previously mentioned, the health resources are not sufficient for the population of Pakistan, and in an emergency just like the COVID-19, the present figure shows the painful condition. The requirement of new nurses and medical students required for the improvement of trained human resources. Punjab has the highest capacity of beds ranging from 45% among the total resources of beds in Pakistan, 132663 beds, including dispensaries and public hospitals. According to the literature, only 1650 ventilators are working in Pakistan for such a vast population of more than 212.8 million. The Government of Pakistan, taking a step toward health care and imported 10000 ventilators from China, imported the ventilators and started to make its ventilators in Lahore.

After the complete review of the corona situation, the Education Ministry of Pakistan decided to reopen the school on September 16, 2020. At that time on daily reported news was reached on 400-300. But later on, on November 26 2020, the school was again closed by the Education Ministry of Pakistan. Because the daily reported new cases reached more than 2000. During that time, Pakistan is again facing the embracing situation of COVID-19. E-learning is a powerful tool for achieving the educational goal during the COVID-19. All the educational institutes around World were starting online classes. The proper management by the Government of Pakistan to regulate the pandemics is the admire working to properly regulated the whole institute regardless of COVID-19.

9. Conclusion and recommendation

Inspire of the higher political pressure and exponential growth rate of COVID-19, the Government of Pakistan take steps on a warfare basis and try to overcome the adverse effect of COVID-19. The launching of Tele school is an unbearable project of the Education Ministry of Pakistan. Because we know that more than 75% population of spending their life blew the poverty line. And technology for online learning is very costly and far away from the excess of poor people. But most of the students were not entirely interested in online learning, and the ground reality is that roundabout 50% of students are mysterious from the E-learning procedure. That Education Ministry understands that situation and introduced a subject at the school level for that awareness of E-learning procedure. The health resources of Pakistan do generally not compensate for the considerable population of Pakistan. The proper management protects Pakistan from the distractive situation. Otherwise, the health care management of Pakistan is not sufficient. Such type to pandemics is a painful reminder for nations to properly managing health resources.

REFERENCES

- Ahmad, S., & Pantamee, A. A. (2020). The Role of Human Resource Management Practices on Palm Oil Firm's Performance in Malaysia with Mediating Role of Organizational Learning Capabilities and Moderating Role of Organizational Support. *iRASD Journal of Management*, 2(1), 22-33.
- Akseer, N., Kandru, G., Keats, E. C., & Bhutta, Z. A. (2020). COVID-19 pandemic and mitigation strategies: implications for maternal and child health and nutrition. *The American journal of clinical nutrition*, 112(2), 251-256.
- Al-Jawaldeh, A., Hammerich, A., Doggui, R., Engesveen, K., Lang, K., & McColl, K. (2020). Implementation of WHO Recommended Policies and Interventions on Healthy Diet in the Countries of the Eastern Mediterranean Region: From Policy to Action. *Nutrients*, 12(12), 3700.
- Asghar, M. S., Kazmi, S. J. H., Khan, N. A., Akram, M., Khan, S. A., Rasheed, U., . . . Memon, G. M. (2020). Clinical profiles, characteristics, and outcomes of the first 100 admitted COVID-19 patients in Pakistan: a single-center retrospective study in a tertiary care hospital of Karachi. *Cureus*, 12(6).
- Asghar, N., Batoool, M., Farooq, F., & ur Rehman, H. (2020). COVID-19 pandemic and Pakistan economy: A preliminary survey. *Review of Economics and Development Studies*, 6(2), 447-459.
- Barnes, B. J., Adrover, J. M., Baxter-Stoltzfus, A., Borczuk, A., Cools-Lartigue, J., Crawford, J. M., . . . Knight, J. S. (2020). Targeting potential drivers of COVID-19: Neutrophil extracellular traps. *Journal of Experimental Medicine*, 217(6).
- Bhatti-Sinclair, K. (2021). Unaccompanied asylum-seeking children and young refugees: Alone in the UK in a pandemic. *Social Work and Covid 19: Lessons for Education and Practice*, 23.

- Bown, C. P. (2020). COVID-19: Demand spikes, export restrictions, and quality concerns imperil poor country access to medical supplies. *COVID-19 and trade policy: Why turning inward won't work*, 31-48.
- Butt, M. H., Ahmad, A., Misbah, S., Mallhi, T. H., & Khan, Y. H. (2020). Crimean-Congo hemorrhagic fever and Eid-Ul-Adha: A potential threat during the COVID-19 pandemic. *Journal of Medical Virology*.
- Cahill, D. (2010). 'Actually existing neoliberalism' and the global economic crisis. *Labour & Industry: a journal of the social and economic relations of work*, 20(3), 298-316.
- Chiapello, E. (2017). Critical accounting research and neoliberalism. *Critical Perspectives on Accounting*, 43, 47-64.
- Crawford, J., Butler-Henderson, K., Rudolph, J., Malkawi, B., Glowatz, M., Burton, R., . . . Lam, S. (2020). COVID-19: 20 countries' higher education intra-period digital pedagogy responses. *Journal of Applied Learning & Teaching*, 3(1), 1-20.
- Deschasaux-Tanguy, M., Druesne-Pecollo, N., Essedik, Y., de Edelenyi, F. S., Allès, B., Andreeva, V. A., . . . Egnell, M. (2021). Diet and physical activity during the coronavirus disease 2019 (COVID-19) lockdown (March–May 2020): results from the French NutriNet-Santé cohort study. *The American journal of clinical nutrition*, 113(4), 924-938.
- Dzigbede, K. D., & Pathak, R. (2020). COVID-19 economic shocks and fiscal policy options for Ghana. *Journal of Public Budgeting, Accounting & Financial Management*.
- Ferguson, N., Laydon, D., Nedjati Gilani, G., Imai, N., Ainslie, K., Baguelin, M., . . . Cuomo-Dannenburg, G. (2020). Report 9: Impact of non-pharmaceutical interventions (NPIs) to reduce COVID19 mortality and healthcare demand.
- Fernandes, N. (2020). Economic effects of coronavirus outbreak (COVID-19) on the world economy. Available at SSRN 3557504.
- Fugazza, M. (2020). Impact of the COVID-19 Pandemic on Commodities Exports to China: UNCTAD Research Paper No. 44.
- Guo, D., Mitchell, R. J., Withington, J. M., Fan, P. P., & Hendricks, J. J. (2008). Endogenous and exogenous controls of root life span, mortality and nitrogen flux in a longleaf pine forest: root branch order predominates. *Journal of Ecology*, 96(4), 737-745.
- Hevia, C., & Neumeyer, A. (2020). A conceptual framework for analyzing the economic impact of COVID-19 and its policy implications. *UNDP Lac COVID-19 Policy Documents Series*, 1, 29.
- John, A., Pirkis, J., Gunnell, D., Appleby, L., & Morrissey, J. (2020). Trends in suicide during the covid-19 pandemic. In: British Medical Journal Publishing Group.
- Kaleem, I., & Bashir, S. (2020). Hovering threat of coronavirus (Covid-19) around pakistan. *Khyber Medical University Journal*, 12(3), 260-260.
- Khan, M., Zubair, D. S. S., & Rathore, K. (2020). Policy Implications in the Challenging Times for Pakistan's Economy: The COVID-19 Episode. *Policy Implications in the Challenging Times for Pakistan's Economy: The COVID-19 Episode*, 45(9), 54-64.
- Kutikov, A., Weinberg, D. S., Edelman, M. J., Horwitz, E. M., Uzzo, R. G., & Fisher, R. I. (2020). A war on two fronts: cancer care in the time of COVID-19. In: American College of Physicians.
- Mendez, R., Balanzá-Martínez, V., Luperdi, S. C., Estrada, I., Latorre, A., González-Jiménez, P., . . . Ferrando, A. (2021). Short-term neuropsychiatric outcomes and quality of life in COVID-19 survivors. *Journal of internal medicine*.
- Noreen, N., Dil, S., Niazi, S., Naveed, I., Khan, N., Khan, F., . . . Kumar, D. (2020). COVID 19 pandemic & Pakistan; limitations and gaps. *Global Biosecurity*, 1(4).
- Rha, M.-S., Jeong, H. W., Ko, J.-H., Choi, S. J., Seo, I.-H., Lee, J. S., . . . Ahn, J. Y. (2021). PD-1-expressing SARS-CoV-2-specific CD8+ T cells are not exhausted, but functional in patients with COVID-19. *Immunity*, 54(1), 44-52. e43.
- Saeed, U., Sherdil, K., Ashraf, U., Younas, I., Butt, H., & Ahmad, S. (2021). Identification of potential lockdown areas during COVID-19 transmission in Punjab, Pakistan. *Public health*, 190, 42-51.
- Sareen, S. (2020). COVID-19 and Pakistan: The economic fallout. *Observer Research Foundation Occasional Paper No*, 251(8).
- Thunström, L., Newbold, S. C., Finnoff, D., Ashworth, M., & Shogren, J. F. (2020). The benefits and costs of using social distancing to flatten the curve for COVID-19. *Journal of Benefit-Cost Analysis*, 11(2), 179-195.
- Vecchio, S., Ramella, R., Drago, A., Carraro, D., Littlewood, R., & Somaini, L. (2020). COVID19 pandemic and people with opioid use disorder: innovation to reduce risk. *Psychiatry research*, 289, 113047.
- Wang, H., Li, T., Gauthier, S., Yu, E., Tang, Y., Barbarino, P., & Yu, X. (2020). Coronavirus epidemic and geriatric mental healthcare in China: how a coordinated response by professional organizations helped older adults during an unprecedented crisis. *International Psychogeriatrics*, 32(10), 1117-1120.
- Waris, A., Ali, M., Khan, A. U., Ali, A., & Baset, A. (2020). Role of nanotechnology in diagnosing and treating COVID-19 during the pandemic. *Int. J. Clin. Virol*, 4, 65-70.
- Zhang, J., Lu, H., Zeng, H., Zhang, S., Du, Q., Jiang, T., & Du, B. (2020). The differential psychological distress of populations affected by the COVID-19 pandemic. *Brain, behavior, and immunity*, 87, 49.