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Title:	**Sense-Making of Governance and Institutional Responses to Covid-19 Pandemic in the Context of Pakistan and Afghanistan**
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Sense-Making of Governance and Institutional Responses to Covid-19 Pandemic in the Context of Pakistan and Afghanistan

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Abstract

The Covid-19 pandemic has had a profound impact on various aspects of the global community as an atypical disaster. Pakistan and Afghanistan, members of the South Asian Association for Regional Cooperation (SAARC), also suffered significant consequences. The current study is based on the sense-making research strategy in which the early response strategies of Pakistan and Afghanistan towards Covid-19 pandemic were determined and compared. The current analysis relies on secondary data gathered from diverse sources. For instance, academic research studies, official government reports, credible statistical websites, emergency plans, and information provided by globally recognized organizations, such as World Health Organization (WHO), United Nations Development Program (UNDP), and International Monetary Fund (IMF). The data was rigorously scrutinized through a comparative analysis of institutional and governance responses of prominent actors in both countries. The two nations of Pakistan and Afghanistan share several commonalities, yet their demographic and political nuances set them apart from one another. Notwithstanding the existing political, economic, and healthcare challenges, the initial responses of the two countries to the Covid-19 pandemic were comparatively favorable, as indicated by the research findings. Despite facing several obstacles, Pakistan, as a developing and burgeoning nation, mounted a relatively effective response to the crisis as compared to Afghanistan. However, Afghanistan's fight against Covid-19 pandemic also proved to be effective owing to the support of international organizations and the community.

Keywords: Afghanistan, comparison, containment of Covid-19, earlier response, governance, Pakistan

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Introduction

The World Health Organization (WHO) declared Covid-19 as a global pandemic on March 11, 2020, which affected the world in numerous ways. Initially, it was considered to be a form of pneumonia, however, later on, it was accepted as an infectious disease of its type (World Health Organization [WHO], 2020). China was the first country to face first such instance of Covid-19 pandemic in January followed by Iran, South Korea, and Italy in February. In the beginning, there were 118000 verified cases in 110 countries which spread all over the world including 177 and then to 216 countries over time (Fouad, 2020). The United States of America was the biggest victim of Covid-19 pandemic with the highest mortality rate. Moreover, Asia and notably the South Asian countries share practically equal socioeconomic characteristics and unstable healthcare systems. There has always been a gap in reacting to any pandemic in this region, for instance, the outbreak of Cholera. This region lacks public health preparation and response due to shortage of infectious control systems (Bhutta et al., 2020). The lack of healthcare facilities in the respective region has already been a significant challenge to combat various diseases. Therefore, there was a need of additional improvement to combat such pandemics and infectious disease outbreaks.

Pakistan and Afghanistan are the two members of the South Asian Association for Regional Cooperation (SAARC) and possess the indicated paucity of health sector capacity and equipment. In addition, these two countries are neighbors with the longest border in their area and share various cultural and religious values (Noori et al., 2023; Momand et al., 2021). Owing to these different sharing issues including insecurity, corruption, and a poorer economy both the countries have been suffering from a weaker governance system for a long time. However, due to the ongoing and extended war and conflicts, and political instability, the governance system of Afghanistan is worsening than Pakistan.

Effective governance plays a critical and an effective role in managing a crisis, such as the Covid-19 pandemic. Coordinated and transparent decision-making, regular communication with the public, and the allocation of resources are essential components of effective governance. Studies conducted by Heymann et al. (2020), Kandel et al. (2020), and Wang et al. (2021) emphasize the importance of strong leadership, political will, and data-driven decision-making in responding to pandemics. Effective

governance involves a multi-faceted approach that includes measures, such as quarantine, isolation, social distancing, and contact tracing. The studies also highlight the importance of a coordinated response from both the central and local governments in managing the pandemic. Overall, government must develop and implement policies and strategies to mitigate the impact of crisis and ensure the well-being of citizens.

Sense-making, as a research strategy applied in the current study, is a critical concept to understand how governments and institutions respond to unprecedented crises, such as the Covid-19 pandemic. Sense-making refers to the process by which individuals and organizations interpret and make sense of complex and ambiguous situations (Weick, 1995). In the context of governance and institutional responses, sense-making involves decision-makers grappling with the uncertainty and rapidly evolving nature of a crisis, such as Covid-19 pandemic. It plays a pivotal role in shaping the strategies and actions taken by governments and institutions during such challenging times.

As far as the early response to Covid-19 pandemic in Afghanistan and Pakistan is concerned, both the countries share almost similar governance problems even though they have different government systems, both federal and unitary, respectively. Additionally, since the reaction to emergency and pandemic is contingent upon the institutional capability of a state hence, both the countries were comparable as well as dissimilar in certain areas of successful management of Covid-19 pandemic. Moreover, as a global pandemic, Covid-19 impacted the social, political, and economic aspects of society in a negative way. This contagious disease spread globally including Pakistan and Afghanistan as well. Numerous reports exist on the global trend of Covid-19 pandemic, the majority of which are presented statistically. The problem is that no research has been conducted so far that compares two neighboring countries that share multiple characteristics. The current study focused on the early response of both countries towards Covid-19 pandemic from a governance perspective. Furthermore, it also examined the government's response in the early stages of the pandemic with their similarities and differences in this regard. Therefore, the study provided a comprehensive view of the governance and institutional response of Pakistan and Afghanistan.

The Covid-19 pandemic has underscored the paramount importance of governance and institutional responses (Heymann et al., 2020; Kandel et al.,

2020; Wang et al., 2021). These responses encompass a wide array of measures including increased disease surveillance, enhanced public health interventions (Heymann et al., 2020), support for the private sector to sustain jobs (Kandel et al., 2020), allocation of resources for vaccination campaigns (Wang et al., 2021), and the implementation of emergency measures (Kandel et al., 2020). Effective governance is at the heart of managing a crisis, such as Covid-19 pandemic, requiring coordinated decision-making, transparent communication with the public (Heymann et al., 2020), and judicious allocation of resources (Kandel et al., 2020).

Over the last three years, scholars have acquired great interest in examining the response towards Covid-19 pandemic with some focus on the comparison of other countries. However, none of the studies yet compared these two countries concerning the Covid-19 response. The rationale behind the selection of these two countries was attributed to the neighborhood, cultural ties of both countries, religious similarities, and customs. The current study attempted to fill a crucial gap in the existing research landscape by conducting a comparative analysis of the early responses of Pakistan and Afghanistan towards Covid-19 pandemic. By examining the governance and institutional responses of these two neighboring nations, it was brought to notice that how governments in similar contexts, yet with distinct characteristics, navigated the challenges posed by the pandemic. Through this comparative lens, the current study offered valuable insights into the effectiveness of governance strategies in crisis management. Additionally, the study also sought to contribute to the broader discourse on pandemic response by highlighting the shared challenges and unique approaches of these countries as well. In addition, the study also offered implications for policymakers, researchers, and practitioners in the field of public healthcare facilities and governance system.

Literature Review

Contextual Analysis of Covid-19 Pandemic: Governance Perspective of Pakistan

Pakistan is a developing nation with a weak governance system resulting in inadequate public service delivery (Aftab et al., 2020). Governance, according to Hydén and Mease (2004), is a comprehensive and holistic effort by the government to promote the resolution of complex

human problems. Holistic effort means that there should be multiple units working together to solve public problems including institutions, organizations, and other players. Considering the standpoint of decision-making, governance refers to the collective decision-making of numerous stakeholders in the absence of a formal control mechanism (Chhotray & Stoker, 2009). Public issues may include natural disasters, calamities, and crisis that threaten social order (Ahrens & Rudolph, 2006). Consequently, the institutional ability of the government can be evaluated based on its response to such calamities and crisis. Dealing with such issues is only achievable if governance initiatives employ an integrative strategy.

Moreover, Pakistan is a developing nation with a parliamentary federal government. The governance system in Pakistan is weaker attributed to several factors, such as weak institutional ability, lack of competence and professionalism, and lack of cooperation between different stakeholders regarding the national interest, corruption, and transparency issues (Shafqat, 1999). Before the 18th amendment, the Pakistani government was a strong federation where provinces had minimal power. However, after the 18th amendment to the Constitution, the government layers shifted and the distance between the government and the population shrank. Additionally, Pakistan has three levels of governance including the federal, provincial, and local levels. With the devolution of power to various levels of government, certain responsibilities, such as education and health, were transferred to provincial governments. Despite the changing responsibilities of provinces in public service delivery, certain obstacles persist, hindering the ability to meet the expected standards of service quality. The governance structure lacks coordination, cooperation, and integration amongst different governmental levels and agencies. On the other hand, with the recent outbreak of the Covid-19 pandemic, these governance difficulties could have posed graver threats to public life in Pakistan. Nevertheless, this was not the case. Covid-19 pandemic was a global challenge that negatively impacted 216 countries, including Pakistan (WHO, 2020). Additionally, it also impacted the social, political, and economic aspects of society worldwide. This pandemic challenged the governance of all afflicted nations, including Pakistan. The Standard Operating Procedures (SOPs), including social distancing, quarantine, and lockdown were the initial precautions taken to prevent the nationwide spread of the coronavirus because no antiviral medication was identified at that time (Dodds & Hess, 2020). In Pakistan, despite the absence of intergovernmental cooperation,

the threat posed by Covid-19 pandemic has necessitated a comprehensive response including several actors, units, and agencies, with a particular emphasis on the multidimensional decision-making method. Therefore, the Pakistani government was unprepared to combat Covid-19 pandemic, since the existing institutions at federal and provincial levels lacked the equipment, expertise, and capacity to manage this virus throughout the country.

Additionally, the Covid-19 pandemic has affected many aspects of life. When the first incidence of Covid-19 was reported, numerous practices were halted due to the epidemic. The WHO declared this virus as a global pandemic after Wuhan, China reported instances in December 2019. Initially, it was thought of as pneumonia, however, the researchers launched a campaign to analyze them and declared them to be caused by the unique Covid-19 virus. The WHO reaffirmed the same declaration on March 11, 2020. WHO defines Covid-19 as "an infectious disease caused by a recently discovered coronavirus". None of the nation felt safe due to the effects of Covid-19 pandemic (Hashim et al., 2021). Pakistan, akin to other economically challenged nations, faced difficulties in implementing a nationwide strategy to mitigate the hazards associated with this pandemic. In addition, Pakistan has long faced governance challenges due to a number of variables (Khalid, 2021).

Pakistan's first response to Covid-19 pandemic was based on irrational decision-making and inconsistency, which led to a significant spread of the virus and fatalities (Khalid, 2021). The disagreements inside the federal cabinet and across other levels of government were a significant obstacle. Additionally, the shutdown of small and medium-sized firms had a significant impact on people's lives and means of support. In contrast, as a country bordered by China and Iran, Pakistan was exposed to a greater risk of virus due to the increased number of passengers traveling from these countries. Due to these considerations, a thorough and coordinated action plan was required to mitigate the difficulties and escalation of Covid-19 pandemic (Government of Pakistan, 2020). Likewise, "failure to respond to disease, fragmented system hurdles, and disintegrated disaster and risk governance emphasized the need for a coordinated national response" (Khalid, 2021). Resultantly, in April, a new entity called the National Command and Operation Center (NCOC) was established. The objective of

this entity was to combat the existing situation and pandemic in Pakistan through a concerted effort.

Although, the National Disaster Management Authority (NDMA) has been working in the country and is responsible for addressing the repercussions and prevention of traditional catastrophes, such as floods and earthquakes. The nature of Covid-19 differs significantly from that of traditional disasters (Bhutta, 2020). The foundation of NCOC represents a paradigm shift in intergovernmental relations in Pakistan as the country's most comprehensive decision-making center. Regardless of their political leanings and party affiliations, government officials at all levels and lawmakers committed themselves to work collaboratively for the successful eradication of the detrimental effects and consequences of the Covid-19 pandemic. Since its establishment, NCOC has been viewed as an integrative system in which all actors contributed their ideas to save the lives of citizens through holistic decision-making. "It became a nerve hub that projected unified efforts and implementation of decisions and played a vital role in the devolution of powers by recruiting professionals who led leadership" (Khalid, 2021). NCOC comprised multiple stakeholders, including the National Disaster Management Authority (NDMA), Provincial Disaster Management Authority (PDMA), Health Ministry, Ministry of Interior, Ministry of Economic and Financial Affairs, civil servants from provinces, political leadership, and the Internal Service Agency (ISI), which was in charge of leading the testing and tracking process. The NCOC was founded upon three fundamental guidelines. The first question was the use of information and communication technologies to obtain timely and trustworthy data and to derive conclusions from that data.

The next priority was to broadly disseminate the message that should prompt changes in people's pandemic measures, and the final and most important method was to have clear and consistent governance (Zaidi, 2020). Throughout the epidemic, telecommunications and information technology (ICT) played a crucial role in battling the Covid-19, effectively. The usage of ICT and social media allowed for positive replies and the avoidance of negative news. Consequently, the utilization of these mediums provided and facilitated rational decision-making, transparency, efficient public service delivery, and e-government in Pakistan (Sepehrnia et al., 2020). Instead of advocating for a complete lockdown, NCOC employed a strategic lockdown approach and restricted it to locations with the greatest

influx of people. Additionally, a number of other factors also contributed to the successful control of Covid-19 pandemic, including "intelligent decision-making (based on empirical real-time data), consensus-oriented policy responses and strategies, development of SOPs, an effective communication strategy, valuing demographic and cultural sensitivity, hospital case management, and treatment protocols" (Hashim, 2020). In contrast to India, the United States, and many European nations, Pakistan performed quite well during this pandemic. Hashim (2020) found that 70% of the survey participants considered that disaster readiness would be nearly impossible without the intervention of military leadership, in addition to NCOC's crucial contribution.

To recap the argument, in Pakistan, the government implemented a nationwide lockdown in March 2020, followed by a phased easing of restrictions. Additionally, the government also launched a nationwide vaccination campaign and established quarantine facilities. The country also faced challenges in its response, including a lack of Personal Protective Equipment (PPE) for healthcare workers and limited access to testing facilities in some areas.

Here is a summary of Pakistan's response to Covid-19 pandemic in a tabular form:

Table 1

Response Measure against Covid-19 Pandemic in Pakistan.

Response Measure	Description
Lockdown	Nationwide lockdown was imposed from March 23, 2020 to May 9, 2020
Quarantine Centers	Establishment of quarantine centers for people arriving from abroad
Travel Restrictions	Travel restrictions were imposed on travelers from high-risk countries
Health Facilities	Upgradation of health facilities to cope with the increasing number of cases
Public Awareness Campaigns	Launching of public awareness campaigns to educate people about the virus and preventive measures
Vaccination Drive	Nationwide vaccination drive was started on February 2, 2021

Response Measure	Description
Health Guidelines	Implementation of strict health guidelines, such as wearing masks and social distancing, in public places

Contextual Analysis of Covid-19: Governance Perspective of Afghanistan

The Afghan governance seems like a developed and centralized system. However, in a real sense, it is rather a patrimonial state of customary governance. Despite the recent enthusiasm of the new generation in participating in different governance problems, its patrimonial nature is firmly inherited. Challenges to the revision of hybrid coordinating mechanisms for national and subnational levels of government include corruption, incompetence, and a lack of efficient and effective public service delivery (Nijat, 2014). Additionally, institutional and informal systems of governance coexist in Afghanistan, which complicates the decision-making process there. The system of decision-making is top-down, with the general public, youth, underprivileged sector, and minorities considered last. The informal mechanism of governance in Afghanistan contradicts the core principles of good governance, such as accountability, open access to information, and transparency in affairs. Therefore, without complete knowledge of this hybrid nature of governance, it is hard to diagnose the existing problems in the country. Considering the nature of government in Afghanistan, certain crisis might affect every resident of the country. Hence, a holistic decision-making strategy and problem-solving coordination are required, such as during the appearance of Covid-19 pandemic in Afghanistan as a non-traditional disaster.

Afghanistan, a country dependent on foreign aid, was already afflicted with insecurity, political instability, and poverty. Consequently, the burden increased with the advent of this pandemic (Shah et al., 2020). Moreover, the majority of Afghanistan's 32 million inhabitants reside in rural areas (70%), while 80% of the population lives below the poverty line. In light of these numbers and facts, the country has low health literacy, a dearth of preventative measures, a scarcity of qualified health professionals, and inadequate health-care facilities and infrastructure (Safi et al., 2018). The first case of Covid-19 was reported on February 22, 2020, in conjunction with the repatriation of 1,500,0 Afghans to Herat from Iran. As a result of this return, the number of cases increased to 39422, with 32879 recoveries

and 1466 fatalities (Azizy et al., 2020). Afghanistan was among the first states in the Eastern Mediterranean Region to respond to Covid-19 pandemic with multifaceted and proactive measures (Basij-Rasikh et al., 2020). With the spread of Covid-19, the government undertook all containment measures, including the installation of screening devices at all ports, the closure of public meeting locations, the implementation of quarantine procedures for infected individuals, and the imposition of additional SOPs. The initial shutdown was implemented in March 2020 and was prolonged twice.

Additionally, the Ministry of Interior set limitations on crowded locations and prohibited crowded meetings, sports, and entertainment events (Basij-Rasikh et al., 2020). The timely implementation of these SOPs was interrupted due to political instability and changes within the Ministry of Public Health of Afghanistan. Resultantly, policy changes were modified, policy implementation was fragmented and delayed. In light of these modifications, the Afghanistan Ministry of Public Health, in partnership with WHO, predicted that the National Emergency Response Plan for Covid-19 would be implemented in March 2020 (Ahelbarra, 2020; Observer Research Foundation [ORF], 2020). According to the International Monetary Fund (IMF, 2020), the state allocated 8 billion Afghanis, or 0.5% of the country's GDP, towards the implementation of this plan. From this amount, 1.9 million Afghanis were earmarked for immediate health needs. The objective of this strategy was to enhance the health sector, equip hospitals and facilities, and empower health professionals. According to the Afghanistan Ministry of Public Health (2020), due to the inflow of returnees from the neighboring Islamic Republic of Iran, the government ordered a lockdown in three provinces and banned all flights from Kabul, as Iran was the epicenter at the time.

Throughout the pandemic, the role of media and communication remained crucial and undeniable. Afghanistan has a low health literacy rate, which is the reason of various undesirable behaviors among its population. For instance, this lack of awareness has resulted in numerous catastrophic situations. A man with a confirmed case of Covid-19 and 37 people with probable illnesses escaped hospitals and quarantine facilities, placing the entire community at risk (Shah et al., 2020). Therefore, information transmission plays a crucial function. Due to the influential role of regional actors in the dissemination of precautions and safety measures, the Afghan

government collaborated with community leaders and religious scholars to continue disseminating pandemic-related information to the public. Afghanistan's Ministry of Public Health and Ministry of Communication and Information Technology collaborated to develop a mobile application in order to provide public with a platform for accessing Covid-19 updates. Additionally, according to the Ministry of Public Health (2020), "the WHO emergency team launched a media campaign, held month-long roundtables, and educated 55,256 community and religious leaders in all 34 provinces". The government of Afghanistan adopted an integrative strategy to increase awareness regarding the Covid-19 pandemic in its entirety. Diverse types of informational materials were developed for all and sundry, with an emphasis on preventive measures from an Islamic standpoint. For instance, with the assistance of the Ministry of Religious Affairs, a Fatwa regarding Covid-19 precautions was distributed to the public. Additionally, more informative materials, such as brochures, advertisements, billboards, and posters, were prepared and distributed to the public for those without internet access (United Nations Office for the Coordination of Humanitarian Affairs [UNOCHA], 2020). Due to the fact that the month of Ramadan was approaching at the time, the situation was dire and the potential risk of a virus outbreak was greater than in the past. For instance, the likelihood of large-scale public gatherings in mosques and during Eid was at its highest; consequently, the focus was more on the influential role of religious leaders in preventing the negative effects of Covid-19 pandemic. Due to the weaker healthcare system and infrastructure, lack of equipment, and most importantly, the ongoing financial crisis, the Ministry of Public Health tried very hard to get people to adhere to these guidelines, however, they did not comply (Mousavi et al., 2020).

Although, Afghanistan's health-care system has improved over the past two decades, it is still insufficient to demonstrate readiness for pandemics, such as Covid-19. The cultural norms of the country, such as handshakes, hugs on various occasions, a lack of hygienic awareness and handwashing along with the resistance to use mask, posed a threat to the spread of Covid-19. Additionally, according to WHO (2020), the initial step taken by Ministry of Public Health, was the design of the Afghan Japan hospital in Kabul for the emergency response to Covid-19 pandemic. Moreover, 1,541 beds were available in Afghanistan for the patients infected by Covid-19. Out of the total, 700 beds were designated for Kabul city, 200 for Herat province, while the rest were dispersed among various provinces across the

country (United Nations Development Program [UNDP], 2020; WHO, 2020). Infrastructure for isolation was inadequate; however, the dormitories and hostels of various palaces and universities, such as Darulaman Palace and Polytechnique University, were converted into isolation centers and were primarily devoted to the treatment of Covid-19 patients throughout the county (WHO, 2020). Additionally, the entire nation had 300 ICU beds for patient quarantine by March 2020 (UNDP, 2020).

Moreover, in terms of service delivery to infected individuals, the protocol was to keep patients with mild infections at home and those with serious infections in the hospitals. The majority of hospitals were contracted by the government to aid in the prevention of Covid-19, however, according to Ministry of Public Health (2020), non-Covid-19 health-care in Afghanistan was supplied by non-governmental organizations. Besides, despite the existing obstacles, the country had the lowest capacity for national testing. It was linked to the high cost of testing, the absence of competent personnel, and testing kits at the national level, the country's insecurity and ongoing conflicts, and its reliance on other nations for confirming and certifying cases through the export of samples (Shah et al., 2020; ORF, 2020). In May 2020, there were nine certified laboratories with the capacity to test 1,790 specimens per day (WHO, 2020). As the Ministry of Public Health decentralized its approach to testing capacity, the number of laboratories gradually rose. In addition to these restrictions in the health sector, the government established surveillance locations to enhance its ability in order to trace and identify the cases and infected individuals. Approximately, 520 screening locations existed around the country (UNDP 2020; WHO, 2020).

In addition, polio workers and rapid response teams (RRTs) were sent to facilitate surveillance sites in border crossing areas in order to trace cases, collect samples, and explain the related risk, particularly in insecure areas (UNOCHA, 2020). Moreover, due to Afghanistan's reliance on international aid and humanitarian organizations, sufficient equipment was available for the initial reaction to Covid-19. Afghanistan had sufficient PPEs, masks, gloves, ventilators, and 85,000 test kits at the onset of Covid-19 pandemic, according to a report of United Nations. However, due to the severity of the instances, the necessity for more equipment became apparent, and in some cases, ventilators were insufficient. This paucity and unavailability of equipment was compounded by the corruption of

politicians and health personnel, and in some instances, only the wealthy, health staff, and politicians had access to the facilities. During this period of crisis, millions of rupees were misappropriated, and certain officials were suspected of exporting several ventilators and other equipment to other nations. To recapitulate the argument, in Afghanistan, the government declared a state of emergency and imposed lockdowns in major cities in March 2020. The country also faced challenges in its response, including a limited healthcare infrastructure, a shortage of PPE, and limited access to testing facilities. The government also launched a nationwide vaccination campaign.

Here is a summary of Afghanistan's response to Covid-19 pandemic in a tabular form:

Table 2

Response Measure against Covid-19 in Afghanistan

Response Measure	Description
Lockdown	Partial lockdowns were imposed in certain cities to control the spread of the virus
Quarantine Centers	Establishment of quarantine centers for people arriving from abroad and for those who tested positive for Covid-19
Travel Restrictions	Travel restrictions were imposed on travelers from high-risk countries
Health Facilities	Upgradation of health facilities to cope with the increasing number of cases
Public Awareness Campaigns	Launching of public awareness campaigns to educate people about the virus and preventive measures
Vaccination Drive	Nationwide vaccination drive started in February 2021
Health Guidelines	Implementation of strict health guidelines, such as wearing masks and social distancing, in public places

Method

The study adopted a qualitative research approach by utilizing the sense-making technique developed by Weick (1995), to provide an in-depth

understanding of the responses of Pakistan and Afghanistan to the Covid-19 pandemic. Sense-making is a method by which people accord meaning to their collective observation and experience. According to Weick et al. (2005), it can be defined as "the ongoing retrospective development of plausible images that rationalize what people are doing" (p. 409). In addition, sense-making is not applicable to everyday events but to past events, such as the Covid-19 pandemic in this study.

According to Weick et al. (2005), during the process of sense-making, firstly, reality is developed and then interaction with people takes place. Afterwards, significant cues are picked depending on the identity and at last plausible options are retained. He furthered that "sense-making starts with three elements: a frame, a cue, and a connection… frames and cues can be thought of as vocabularies in which words that are more abstract (frames) include and point to other less abstract words (cues) that become sensible in the context created by the more inclusive words. Meaning within the vocabularies is relational. A cue in a frame is what makes sense not the cue alone or the frame alone" (p. 110). In addition, there are three processes to make sense of an event. Firstly, the externalization/creating of the reality, then the objectification, and finally the internalization. Likewise, sense-making is a frequent interplay of information in order to emerge meaning and this is not only the interpretation of the event (Schwandt, 2005).

While examining crisis management and governance responses during pandemics, sense-making theory, proposed by Weick (1995), offers insights into cognitive processes that help to shape decision-making. Sense-making plays a crucial role in crisis contexts by influencing actions and interpretations (Kapucu et al., 2022). Effective governance, encompassing decision-making, transparency, and resource allocation (Heymann et al., 2020; Kandel et al., 2020), play a vital role. However, theoretical debates persist about sense-making theory's applicability (Taylor & Williams, 2022). The current study addressed these debates and gaps and aimed to contribute to the discourse by examining sense-making and governance responses towards the Covid-19 pandemic in Pakistan and Afghanistan.

Data Collection

The current study is based on secondary data. The data was collected from available authentic and credible sources including the official websites of concerned departments, annual government reports, IMF reports, UNDP,

WHO, Ministry of Public Health Afghanistan, Ministry of National Health Services Regulations and Coordination Pakistan, and other relevant sources. The comparison criteria were based on the evaluation of early response of both countries to Covid-19 in terms of national interventions, the role of media and communication, and health sector interventions. The rationale behind the selection of these countries was attributed to the neighborhood, cultural ties of both countries, religious similarities, and customs.

Data Analysis

This study aimed to identify the similarities and differences in the countries' responses by conducting a thematic analysis of available documents, drawing inspiration from Braun and Clarke's (2006) approach. This thematic analysis focused on the emergency preparedness guidelines, policies, interventions, and other measures to gain a deeper understanding of the countries' response to the pandemic. Moreover, document analysis, as a systematic exploration of document contents for research purposes, was employed in this study (Goodrick, 2014). This method provides an in-depth examination of each country's response, taking into account various factors, such as government policies, institutional arrangements, and other contextual factors relevant to the pandemic response. The study utilized a multi-level analysis, considering responses from various stakeholders, such as national governments, health organizations, community, and religious leaders. Notably, the analysis provided a comprehensive overview of these responses, focusing on their synthesis to offer a holistic perspective on both countries' governance and institutional reactions to the pandemic, rather than examining each level separately.

Findings and Discussion

This section delved into thematic analysis of the findings and shed light on the concept of sense-making, as it relates to the effective governance and institutional responses witnessed during the early stages of the Covid-19 pandemic in Pakistan and Afghanistan. The significance of integrated decision-making, multi-sectoral coordination, and the role of technology and community engagement remained the focus of the research. The study aimed to provide a comprehensive view of the responses of both nations and their implications for crisis management in developing contexts.

Pakistan and Afghanistan are two South-Asian neighboring nations with bilateral and cultural ties. These two nations were among the first to report

the cases of Covid-19. The first case was reported in Afghanistan on February 22nd and in Pakistan on February 26th, 2020. Since both countries have open border relations with one another and share borders with China and Iran, they were the first to report positive cases. Pakistan, a developing nation, and Afghanistan, an underdeveloped nation, reacted to the containment of Covid-19 pandemic first. Despite having weaker governance systems, neither of the country lagged behind the others in managing the crisis effectively. This response was primarily the result of earlier preparedness for the crisis and coordinated efforts within both the countries. By utilizing an integrated decision-making model, Pakistan effectively managed the alarming situation posed by Covid-19 pandemic. Despite the fact that intergovernmental relations are frequently unpleasant, the response to Covid-19 pandemic may be one of the few national-level initiatives in which every branch of government contributed and collaborated on the same mission and displayed unity. The government of Pakistan required a strategy to be a developing state with a federal parliamentary system. Afghanistan, on the other hand, is a unitary underdeveloped and fragile context (Momand et al., 2022) due to forty years of war and conflicts however, its response was nearly identical to that of Pakistan's. Afghanistan was among the first in the Eastern Mediterranean Region to respond to Covid-19 pandemic with multi-sectoral and proactive measures (Basij-Rasikh et al., 2020). The relatively manageable population size, much smaller than in Pakistan, was the primary factor in the effectiveness to contain the pandemic.

The remainder of its effective control was due to foreign aid and Afghanistan's dependence on the international community and organizations. Afghanistan is one of the poorest countries in the world. Therefore, the effective containment of the pandemic in Afghanistan would not have been possible without the assistance of international organizations. Additionally, both nations developed emergency preparedness and response plans to control the virus spreading in their respective countries. They assigned a specialized unit to national coordination regarding the containment of Covid-19. Pakistan developed a special unit known as the NCOC, despite the fact that the NDMA was serving the similar purpose. In Afghanistan, a special department, fighting against Covid-19 pandemic was dedicated to emergency response. Regarding national intervention, both nations faced similar obstacles. The integration of multiple actors at national level, which was urgently needed to prevent the spread of Covid-

19, posed the greatest obstacle for Pakistani government. Fortunately, in the case of Covid-19, the challenge was surmounted by NCOC due to multi-sectoral coordination of all the stockholders toward controlling Covid-19.

In addition, the challenges and obstacles faced by the Afghan government, particularly in the health sector, were insecurity, corruption, open access to information, reliance on foreign aid, poverty, lack of awareness, and noncompliance with Covid-19 's precautionary measures and guidelines. In response to these obstacles, both nations adopted certain approaches to facilitate the implementation of the preventive strategy. Pakistan, via NCOC, launched an information technology application in order to receive timely data and information about the cases and to draw a conclusion from that data in order to make integrative decisions. Therefore, ICT has played a central role in the effective management of the Covid-19 pandemic. Likewise, as one of the NCOC's core principles, information and communication technology and social media were utilized to disseminate vital precautionary measures in order to provide positive responses and avoid negative news. According to Hashim (2020), effective communication and utilization of information technology were among the factors that helped to combat Covid-19 pandemic. Throughout the pandemic, reliance on these media had multiple positive effects, for instance, it paved the way for rational decision-making, transparency, e-governance, and efficient public service delivery.

Likewise, Afghanistan also benefited from the use of information technology and social media with the aid of international assistance. Afghanistan's Ministry of Public Health and Ministry of Communication and Information Technology collaborated to develop a mobile application in order to provide public with a platform for accessing Covid-19 updates. In addition, according to the Afghan Ministry of Public Health (2020), "the WHO emergency team launched a media campaign, held month-long roundtable meetings, and educated 55,256 community and religious leaders in all 34 provinces". The government of Afghanistan chose an integrative strategy to increase the awareness regarding the Covid-19 in its entirety. Moreover, throughout the pandemic, severe cases were documented due to lack of health literacy and awareness. Therefore, there was a greater risk of the virus spreading to communities across the nation. Consequently, in consideration of the country's cultural values, the Afghan government collaborated with community leaders and religious scholars to raise

awareness about precautionary measures and hygiene. Likewise, in light of the high rate of illiteracy in Afghanistan, the Ministry of Religious Affairs distributed a fatwa in the form of posters, brochures, advertisements, and stickers from an Islamic perspective to inform uneducated people about Covid-19 pandemic and its containment (Hashim, 2020). Furthermore, since both of the countries are Islamic, the month of Ramadan was also approaching during the initial phase of pandemic. In the Holy month of Ramadan, there were more public gatherings and contacts as compared to other times, which may have contributed to the increase in cases. However, in light of the health system's inadequate infrastructure and lack of equipment, the Ministry of Public Health exerted a great deal of effort to persuade the public to adhere to these guidelines. However, public's response fell short of expectations.

Figure 1

COVID 19: Containment and Health Index

COVID-19: Containment and Health Index

This is a composite measure based on thirteen policy response indicators including school closures, workplace closures, travel bans, testing policy, contact tracing, face coverings, and vaccine policy rescaled to a value from 0 to 100 (100 = strictest). If policies vary at the subnational level, the index is shown as the response level of the strictest sub-region.
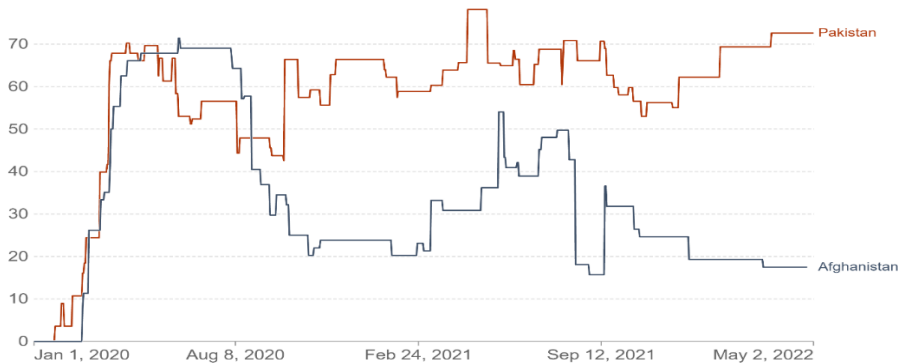
Source: Oxford COVID-19 Government Response Tracker, Blavatnik School of Government, University of Oxford – Last updated 5 May 2022
OurWorldInData.org/coronavirus • CC BY

Furthermore, with regard to various precautionary measures, both nations committed to impose certain restrictions on daily life activities. The SOPs consisted of lockdown, social distancing, and quarantine as the initial measures to contain the virus's spread, since no antiviral medication was introduced at that time. In this regard, both Pakistan and Afghanistan demonstrated a strong commitment to the implementation of these measures.   Both nations adopted a decree-based strategy for the containment of Covid-19 pandemic. Nevertheless, according to Hale et al. (2021), the strictness level of Pakistan was comparable to Afghanistan's in
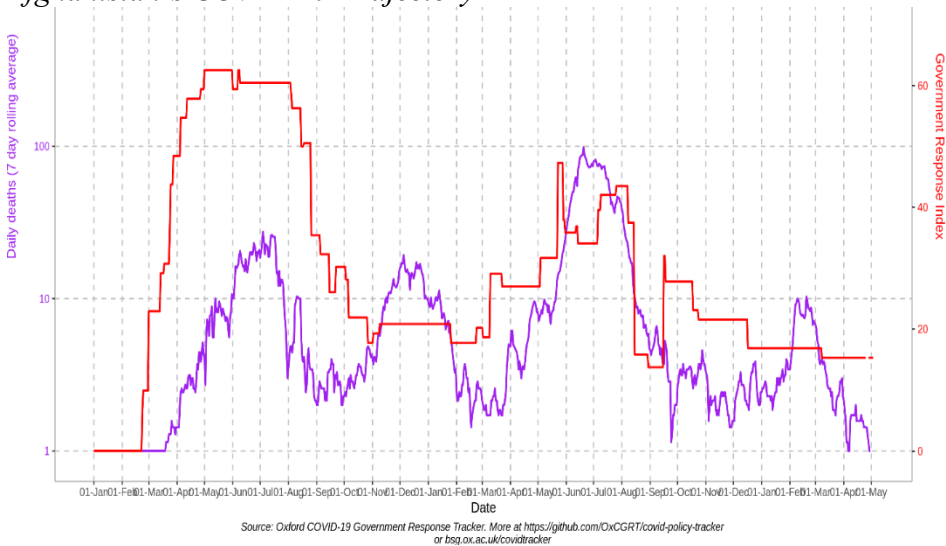
the early stages of the pandemic. However, Pakistan remained stricter than Afghanistan as shown in Figure 1. Both the nations imposed lockdown based on the stringency index. It included elements, such as school and workplace closures, cancellation of public events and gatherings, stay-at-home restrictions, mask usage, public information campaigns, international traveling, testing and contact tracing, vaccination policy, and income support, among others. Taking into account the lives and livelihoods of its citizens, Pakistan implemented a prudent lockdown strategy. The lockdown was implemented in areas where the population influx was greatest. Afghanistan, however, showed strictness in this regard. As mentioned previously, both nations implemented containment measures by decree. The decree approach is characterized by its emphasis on limiting and prohibiting the undesirable behavior. In the beginning, neither of the country was successful in enforcing compliance with health and safety regulations through soft means. Resultantly, people did not take the spread of the virus seriously; thus, governments shifted from a strategy of mitigation to one of suppression. In addition, the NCOC in Pakistan and the Ministry of Public Health in Afghanistan, with the assistance of other actors, imposed restrictions on public gatherings and movements in accordance with the decree. People were instructed on a regular basis to avoid leaving their homes unless they had urgent needs, such as medical care or shopping for necessities as shown in Figure 2.

Figure 2
Pakistan's COVID-19 Trajectory

Source: Oxford COVID-19 Government Response Tracker. More at https://github.com/OxCGRT/covid-policy-tracker or bsg.ox.ac.uk/covidtracker

Note. Source. Oxford Covid-19 Governance Response Tracker, Blavatnik School of Government, University of Oxford

Figure 3
Afghanistan's COVID-19 Trajectory

Source: Oxford COVID-19 Government Response Tracker. More at https://github.com/OxCGRT/covid-policy-tracker
or bsg.ox.ac.uk/covidtracker

Note. Source. Oxford Covid-19 Governance Response Tracker, Blavatnik School of Government, University of Oxford

In terms of the overall pandemic picture, Pakistan performed better than Afghanistan. Geographically and in terms of size, Pakistan's coordinated efforts for a better response were more effective. Afghanistan was also not behind in terms of development and the reason for this was the genuine support of the international community for the government and the health sector.

Table 3
Comparison of Pakistan and Afghanistan Regarding the Early Response of Covid-19 Pandemic

Feature	Pakistan	Afghanistan
Date of First Reported Case	February 26, 2020	February 22, 2020
National Response Unit	National Command and Operational Center (NCOC)	Fighting Against Covid-19 department

Feature	Pakistan	Afghanistan
Key Obstacle in Response	Integration of multiple actors at the national level	Insecurity, corruption, open access to information, reliance on foreign aid, poverty, lack of awareness, noncompliance with guidelines
Response Strategy	Utilization of information and communication technology (ICT) and social media for effective communication and decision making	Collaboration with community leaders, religious scholars, and international organizations to increase awareness and access to information
Impact of Cultural Values	The approaching month of Ramadan with more public gatherings	Collaboration with religious leaders to raise awareness about precautionary measures from an Islamic perspective
Dependence on International Aid	Has received assistance from international organizations to fight Covid-19	Dependence on international organizations for effective control of the Covid-19
Health System Infrastructure and Equipment	Lack of infrastructure and equipment posed a challenge in persuading the public to adhere to guidelines	Lack of infrastructure and equipment posed a challenge in persuading the public to adhere to guidelines

Conclusion

The Covid-19 pandemic presented a formidable challenge to both Pakistan and Afghanistan, two neighboring South-Asian nations with open borders and cultural ties. Despite being developing and underdeveloped

nations with weaker governance systems, they effectively managed the crisis through integrated decision-making, coordinated efforts, and earlier preparedness. The effective response was facilitated by the creation of specialized units, utilization of information and communication technology and social media, and collaboration with community and religious leaders. The biggest challenge faced by these nations was the integration of multiple actors at the national level, however it was controlled with the multi-sectoral coordination of all stakeholders. The foreign aid and international community also played a critical role in Afghanistan's effective response, considering it as one of the poorest countries in the world.

Practitioners and researchers can derive insightful lessons by examining the responses of Pakistan and Afghanistan to the Covid-19 pandemic. The study highlighted the importance of incorporating decision-making and collaboration among diverse stakeholders at national level to effectively tackle global health crisis. The use of social media and information and communication technology played a critical role in disseminating information and increasing public awareness about Covid-19, underscoring the significance of technology in public health responses. Additionally, proactive measures, such as preparedness, are essential for managing global health crises.

Moreover, it is important to acknowledge the potential limitations of the research. One potential limitation of this study is its exclusive focus on Pakistan and Afghanistan, two neighboring countries, and their response to the Covid-19 pandemic. It is important to note that the findings may not necessarily be applicable to other countries with distinct institutional structures, cultural orientations, and resources. Furthermore, the study may have overlooked several pertinent factors that could have impacted the responses of these countries to the pandemic. Lastly, the study solely analyzed the initial responses to the pandemic and did not evaluate the long-term consequences of these responses on the health and welfare of the populations in these countries.

To address the limitations of the current study, future research could explore the responses of other countries to the Covid-19 pandemic, especially those with distinct institutional structures, cultural orientations, and resources. Conducting comparative analysis of multiple countries could lead to a more comprehensive understanding of the factors that contribute to effective responses to pandemics. Furthermore, future research could

focus on evaluating the long-term consequences of pandemic responses on the health and well-being of people in various countries. This may involve tracking the evolution of the pandemic and the effectiveness of different response measures over time. Lastly, to address the potential oversights in study, future research could identify and examine additional factors that could impact the response of countries to pandemics, including factors related to socioeconomic status, political structures, and cultural norms.

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