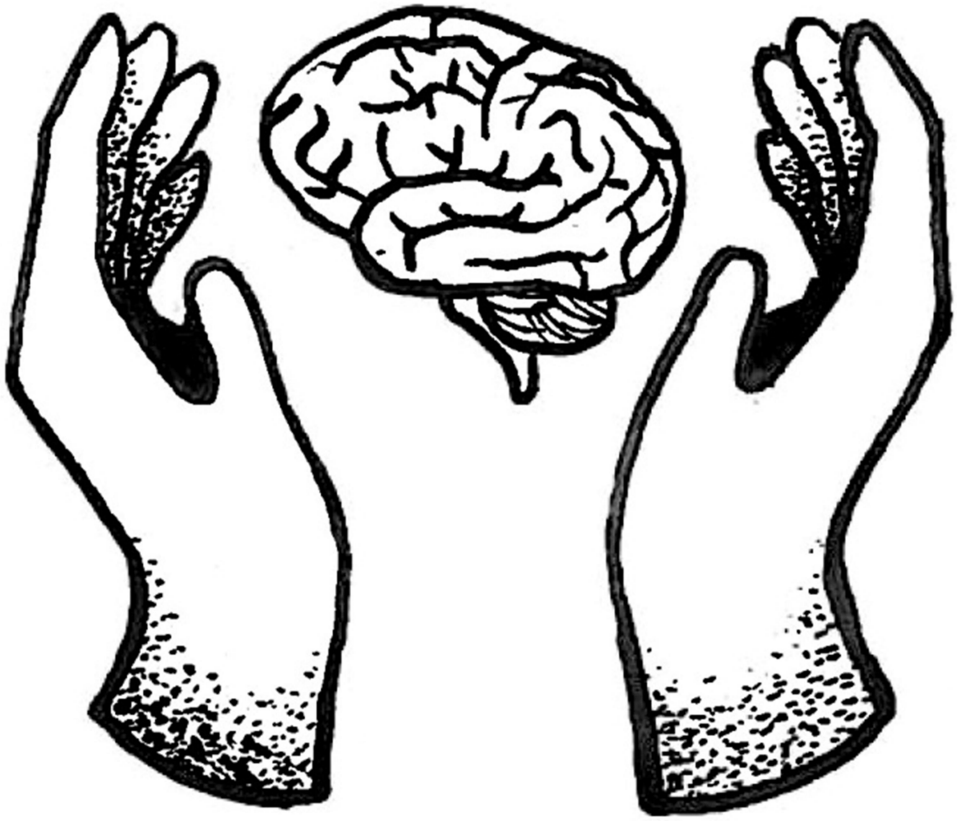
NEWSCLIPPINGS

JULY TO DECEMBER 2018

HEALTH



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NICVD records country's first LVAD implant surgery on a female patient

The National Institute of Cardiovascular Diseases (NICVD) on Monday announced that a team of its surgeons had successfully implanted the Left Ventricular Assist Device (LVAD), commonly known as a 'mechanical pump', in the chest of an elderly woman patient whose heart desperately needed mechanical support to properly pump blood into her body.

NICVD executive director Prof Nadeem Qamar and US-returned transplant surgeon Dr Pervaiz Chaudhry, who led the surgery, claimed they had slotted in an artificial heart into the chest of the patient.

"Dr Pervaiz Chaudhry led a team of our surgeons today and successfully implanted an artificial heart, technically known as LVAD, to a female patient," Prof Qamar told reporters at the facility after the surgery concluded.

He said the patient was doing fine after the surgery and would be able to breathe without support and talk to her family from Tuesday (today).

Procedure costs over Rs10m; it was performed for free at the hospital
The NICVD officials said the surgery was the first of its kind in Pakistan — both in public and private sector hospitals.
The LVAD is a supportive device that helps in pumping of blood from the left ventricle of a patient whose heart's left ventricle has become weak while it does not replace the heart of the patient with the mechanical device.

Caretaker Sindh Health Minister Dr Sadia Rizvi was also present at the briefing.
Prof Qamar said the facility's ultimate goal was to achieve the target of heart transplant, which, he said, would be a reality within next two years.

"LVAD implants would continue in the days to come and we are going to perform another LVAD transplant in a couple of days at NICVD. We have identified some four to five patients who qualify for the LVAD insertion and these patients would get LVAD implants," said Prof Qamar.

He said an LVAD implant costs more than Rs10 million, while "not a single penny was received from the patient's family for the expensive surgery".

Earlier, NICVD had identified former hockey goalkeeper Mansoor Ahmed as its first patient to receive LVAD, but he died before the surgery could be performed on him.

Prof Qamar said an American nurse, Abigail Boultinghouse, assisted the team of surgeons in the surgery, while doctors, postgraduate students, nurses and technicians were there to learn. He added that the US nurse would train local nurses in dealing with these patients after surgeries.

Dr Chaudhry said he had been performing implant surgeries for a decade. He said the surgery at NICVD was successful.
He said LVAD implant was a "destination therapy" for the patient, who would not require any heart transplant throughout her life as "this device would help her heart pump blood from seven to 10 years".
(By Hasan Mansoor Dawn, 17, 10/07/2018)

Pakistan's first mechanical heart transplant successfully performed

The country's first-ever mechanical heart transplant was carried out at the National Institute of Cardio Vascular Diseases (NICVD) on Monday.

The use of this technology is unprecedented in Pakistan's history and Nafeesa Begum, 62, is the first patient to undergo this complicated surgery and receive a mechanical heart aid.

Speaking to *The Express Tribune*, the Administrator of NICVD Dr Hameedullah Malik said that a patient can undergo this procedure only if their other organs are functional. "Begum's heart was only 15 percent functional prior to the surgery but all her other organs were working fine."

He added that the patient is doing fine, and would be shifted to the Intensive Care Unit (ICU) soon.

Hockey legend Mansoor Ahmed to receive Pakistan's first mechanical heart aid
The procedure was performed by Dr Pervez Chaudhry, who joined the NICVD team on the request of Head of NICVD Dr Nadeem Qamar, along with his team that consists of eight experts.

Introducing mechanical heart transplant technology was an initiative taken by Qamar. "We had been working on structuring this department for about six months now," Dr Malik added.

When asked what's the difference between a regular heart transplant and a mechanical one, Dr Malik explained: "A regular heart transplant is as though inserting a new heart in the body but in a mechanical heart transplant the organ is not replaced, in fact, the valve or the pumping mechanism is fixed by using a device. This device then pumps blood across the body".

The procedure costs over a crore and at the moment, it's funded by donors and NICVD, Dr Malik added.

In April, former goalkeeper of the Pakistan hockey team, Mansoor Ahmed was going to receive mechanical heart aid. "While things were still in the pipeline, Ahmed had another heart attack and passed away before the procedure could be performed on him."
(By Kaukab Tahir Shairani The Express Tribune, 05, 10/07/2018)

'Brain-eating' amoeba kills teenager in city

The city's health authorities on Wednesday confirmed that a 14-year-old boy who was admitted to a private hospital suffering from Naegleria fowleri, commonly known as 'brain-eating' amoeba, died on Monday.

Dr Zafar Mehdi, head of the committee on Naegleria, told Dawn that 14-year-old Mir Nauman, a resident of Nazimabad No. 1, who had been brought to a private hospital and was tested positive for the lethal disease died after three days.

He said the teenager was brought to the hospital in a critical condition.
Experts said the fatality rate of the lethal disease was 98 per cent. He was the fifth person in more than two months who died of the deadly disease.

Officials in the health ministry said the single-cell microorganism had killed six people last year.

Officials said they had tested the water being supplied to the area and had found "no traces of chlorine" in it.
Dr Mehdi said the boy might have died because of performing ablution with unsafe and Naegleria-infected water.

Chlorination of water is the key method to kill the germ and keep the deadly disease at bay.
(By The Newspaper's Staff Reporter Dawn, 17,12/07/2018)

Experts alarmed by rising XDR typhoid cases in Karachi

Health experts have raised alarm over the increasing number of 'extensively-drug resistant' (XDR) typhoid cases being reported in the city and have urged the public to adopt good hygiene practices, drink boiled water and avoid eating raw food.

They also called upon the government to initiate efforts for better sanitation and free vaccination campaigns again
st typhoid, a preventable disease.
XDR typhoid, they said, not only carried high risk of complications and was difficult to treat but was also showing a high relapse rate in children.

"It (XDR typhoid) has become quite common now. We are getting around 30 cases of this disease every week and these stats represent only one hospital," said Dr Jamal Raza, head of the National Institute of Child Health, the largest public-sector health facility for children's treatment in Sindh.

'Exercise under way to collect comprehensive data on the disease from various hospitals in Karachi'
Initially diagnosed in Hyderabad, the disease had also spread in Karachi, he added.

On treatment, he said the disease did not respond to most antibiotics, leaving physicians with only a few costly choices. "It adds extra burden on a patient. The treatment gets prolonged, compromising care of other patients, with high relapse rate, though the mortality rate is not high."

Dr Raza, like other physicians, emphasised the need for creating public awareness of the disease. "Prevention is the key. People should consume only boiled water, homemade food prepared and cooked in properly cleaned utensils. Food handlers and consumers must follow good hygiene practices, including washing hands after defecation."

'A serious challenge'
Dr Naseem Salahuddin, a senior infectious diseases expert associated with the Indus Hospital, said drug resistant typhoid had become a serious challenge and an exercise was under way to collect comprehensive data on XDR typhoid from various public and private sector hospitals in the city.

"The disease is not being diagnosed early enough and patients often present complications. The misuse of antibiotics is very common in our society, a major reason behind the development of antibiotic resistance," she said, adding that physicians should know that every fever was not viral and opt for a blood culture if a fever persisted.

According to her, vaccination provided 60 to 80 per cent protection against typhoid depending upon the type of vaccine used.
Dr Ejaz Vohra, a senior general physician practising at Ziauddin Hospital, Clifton, underscored the need for testing water in each locality and ensuring supply of safe drinking water.

“It’s sad that a preventable disease has taken a serious form. There is a dire need to create awareness of misuse of antibiotics and good hygiene practices,” he said, adding that it was hard to quantify the exact data on such patients as they were often treated in the outpatient departments, generally of public-sector hospitals.

Dr Qaiser Sajjad, representing the Pakistan Medical Association (PMA), called upon the government to include typhoid vaccine in the immunisation programme and provide it free at all public-sector hospitals.

“No one but the government is responsible for the health problems people face due to supply of contaminated water and it has to compensate people for that. It is unfortunate that there is no political vision or government focus on preventive care that can help reduce health spending,” he said.

US warning

He also referred to a recent health warning issued by the US Centres for Disease Control and Prevention that urged all travellers to “Pakistan or anywhere else in South Asia” to take extra care with food and water and get typhoid vaccination.

It also stated that the level-two alert had been triggered by the observation that several travellers to Pakistan returned to their home countries with drug resistant typhoid fever.

Highlighting the public health threat posed by waterborne diseases, he said: “These diseases claim life of 250,000 children under the age of five years every year in Pakistan. Around three million people in the country fall ill due to illnesses, such as hepatitis A, hepatitis E and gastroenteritis, all caused by contaminated water and food.”

It is election time and people should vote for those who offered solid commitments on public health and environment, he said.
The world’s first outbreak of XDR typhoid was reported in Hyderabad between 2016 and 2017, affecting 800 people. Only six cases of drug-resistant typhoid, however, were reported in Pakistan between 2009 and 2014.

Researchers from Britain’s Wellcome Sanger Institute, who analysed the genetics of the typhoid strain, found it had mutated and acquired an extra piece of DNA to become resistant to multiple antibiotics.

Typhoid is a highly contagious infection caused by the Salmonella enterica serovar Typhi bacteria. It is contracted by consuming contaminated foods or drinks and symptoms include nausea, fever, abdominal pain and pink spots on the chest. Untreated, it can be fatal.
(By Faiza Ilyas Dawn, 17, 12/07/2018)

NICVD success

THE fact that Pakistan’s public healthcare infrastructure is generally of poor quality and dreadfully overloaded throws into even greater relief the success stories that do exist. The first example that will spring to many minds in this regard is that of the Sindh Institute of Urology and Transplantation, which a group committed professionals has turned into a world-class facility. Another such story is that of the National Institute of Cardiovascular Diseases in Karachi. What was originally a small heart clinic in the Jinnah Postgraduate Medical Centre has since 1979 functioned as a large-scale, specialist, autonomous public-sector institution, with the current governing body coming under the Sindh administration. Earlier this week, it made history when a female heart patient was successfully given a Left Ventricular Assist Device, or LVAD, implant for the first time in Pakistan. On Thursday, this achievement was followed up by a second surgery carried out by Dr Pervaiz Chaudhry. The doctor, his team and the hospital deserve felicitations on their dedication, particularly given the fact that the procedure, which otherwise costs nearly Rs11m, has been carried out free of charge.

It is hoped that such successes continue to be followed up, by not just the NICVD but other institutions as well. The latter would do well to take a leaf out of the heart facility’s efforts regarding preventative healthcare. It has been for some time now that the institute has been operating mobile chest pain units in Karachi and other parts of Sindh. These have proved ideal, free-of-cost and approachable services for patients whose heart problems would otherwise have gone undiagnosed or been checked out at great cost. As recently as February, the NICVD was directed by its board of governors to induct dozens more such vans across the province. Over the years, thousands of patients have been given assistance at such units. Without doubt, these interventions are the way forward. The public healthcare sector in the country might be in less of a shambles were a few far-sighted decisions to be taken.
(By Editorial Dawn, 08, 14/07/2018)

Malnutrition, poor hygiene rampant in KIA’s poor neighbourhoods

Doctors and activists in the neighbourhoods chiefly populated by workers and their families in Korangi Industrial Area on Monday noted that the residents suffered from multiple diseases caused by chemical wastes and unclean water.

Medical camps established in the impoverished neighbourhoods like 34/3, Labour Square and other adjacent vicinities of the industrial area documented that those thickly populated and unplanned areas with streets littered with heaps of garbage, including chemical wastes, and sewage were breeding grounds for skin infections.

Besides, organisers of the camps said, the residents were badly affected due to water unfit for human consumption.
The medical camp was arranged by the Foundation for Research and Human Development (FRHD) with the support of Terre Des Hommes, an international NGO.

Country coordinator of Terre Des Hommes Salam Dharejo said mostly industrial workers resided in these areas, most of them children and women earning nominal wages, and they were unable to get proper medical treatment.

Nazra Jahan of FRHD said the camp was established as majority of those residents had no access to health facilities.
She added that the area residents were facing multiple problems such as eye and skin infections as well as hepatitis B and C.
Ms Jahan said a total of 728 patients including 153 children, 268 women and 307 men got free consultation, screening and treatment against hepatitis B and C, eye and skin infections, dental and other problems at their doorstep. She appreciated cooperation of doctors, students of medical colleges and paramedics who attended to patients.

Doctors said 114 patients were referred for screening, of whom four were found affected with hepatitis B and C. They were sent to Saylani Welfare Trust for free medical treatment and medicines, said lab technician Mohammad Arif.

Dr Lubna Nasir of the Abbasi Shaheed Hospital said the majority of patients, including children, suffered from diarrhoea, skin diseases, malaria, sore throat and chest congestion.

Dr Shoaib Shah said main problems diagnosed included anaemia in males and females, skin diseases, asthma, malnourishment in both adults and children, and arthritis. Most of these diseases were caused due to poor hygiene of people in the area.

Most people suffered from allergies due to environmental pollution. According to them, five patients were referred for cataract surgery.

Dr Saima Bashir said the key cause of all those diseases and infections was malnutrition and poor hygiene.
(By The Newspaper's Staff Reporter Dawn, 18, 17/07/2018)

Neglecting public health and safety

The Discovery ride accident at Karachi's Askari Amusement Park in the old Sabzi Mandi area near Karachi Central Jail reiterates several issues with regard to public health and safety. A rotating pendulum ride snapped 40 feet above the ground and sent one 12-year-old girl to her demise, along with 25 injured to a nearby hospital. Although good Samaritans rushed to help the victims, we have historically had little show of concern from government bodies when it comes to public safety. Following this incident, we implore the authorities to plunge into action to standardise safety regulations and ensure the safety of rides across amusement parks in the country.

Although it is an ongoing investigation, there are some recurrent themes at play. On July 9, 2017, a ride at another Karachi park in Gulshan-e-Iqbal failed injuring six people. Although the claim was refuted by the police, rescue officials reported the contrary. One year later, the necessary safety checks were not established. Askari Amusement Park had been operating for a month, prior to any reported safety checks. It is suspicious that the park began operations on Eid, a time when families seek out entertainment opportunities. Admittedly, entertainment outlets are limited, which encourages opportunists to criminally take advantage. Negligence was at play here for operating rides prior to safety checks by international and local engineers. Further, it is unacceptable that authorities were dumbfounded when asked who is responsible for enforcing laws that govern public safety.
Although some may interject to say that shutting down all rides across Sindh for three days is unjustified, there is an obvious failure of governance whereby no apparent laws regulating safety at amusement parks exist or are enforced. The duration of time is too short as there is much more work to be done than can be achieved in three days.
(By Editorial The Express Tribune, 16, 17/07/2018)

Battle against HIV

According to a UN report, a girl aged between 15 and 19 years is infected with HIV every three minutes. Much of the transmission of the HIV virus among young girls is credited to forced and early sex, powerlessness in negotiating sex, and poverty. The statistics are disconcerting for Pakistan as HIV infections have been on the rise in the country. Additionally, the reasons cited for transmission are relevant to women in Pakistani society which is subjected to a male-dominated cultural arrangement. Provincial AIDS control programmes are requested to accelerate the pace of their work, keeping in mind that women empowerment would greatly help reduce the negative health statistics.

As of 2017, the UNAIDS organisation reports a 45% change in the number of new HIV infection cases in Pakistan since 2010. According to the same report, while most of the 140,000 adults aged 15 and above are men living with HIV, 43,000 of them are women. Non-consensual sex is most tragically a problem as is women's inability to negotiate intimacy with a partner, owed to our patriarchal and closed culture. Furthermore, the AIDS problem is averred to affect impoverished and second-class groups, which again, would include women in Pakistan, next to sex workers and drug abusers. A basic sex education class generally covers sexually-transmitted diseases (STDs) but since sex education remains unpopular and excluded from most school curricula, knowledge about STDs among adolescents and adults remains low. Thus, an awareness campaign would be beneficial to curtailing the spread of HIV. Improved hygiene practices would also greatly help mitigate spread of disease. This includes safe needle practices.

A girl between 15 and 19 years of age being infected with HIV every three minutes means the prevalence can rapidly spiral to an unmanageable level. While treatment should be a focus, authorities must also put more emphasis on prevention. Prevention is better that cure.
(By Editorial The Express Tribune, 16, 27/07/2018)

World Hepatitis Day

WITH an estimated 12-15m of its citizens likely infected with hepatitis B and C, Pakistan has the ignominious status of having one of the world's highest prevalence rates of viral hepatitis. In October last year, the country's first-ever National Hepatitis Strategic Framework 2017-2021 was launched, with targets to reduce HBV- and HCV-related deaths by 10pc, and new cases of infections by 30pc, and with the broader goal of eliminating this disease as a major public health threat by 2030. The theme for World Hepatitis Day this year is to 'find the missing millions' of undiagnosed people suffering from this disease. This is crucial for Pakistan, where the lack of a dedicated hepatitis surveillance system and, resultantly, inadequate epidemiological data at the federal and provincial levels, leave potentially millions without access to targeted and timely healthcare services. Acknowledging these limitations, the drafters of the NHSF were forced to rely on the insufficient and outdated findings of the 2008 National Hepatitis Survey. With a range of interventions needed to improve prevention, diagnosis and treatment, it will undoubtedly be difficult to achieve these objectives in the absence of accurate data.

But it is not impossible to stem the tide of the hepatitis epidemic. Indeed, medical advances and cheaper drugs have dramatically reduced the length of treatment and risks of side effects, and improved patient outcomes, in recent years. Meanwhile, addressing the massive shortcomings in blood transfusions and other healthcare practices, and our water and waste management systems, can to a large extent prevent the spread of not just hepatitis but other deadly diseases. Imran Khan has in the past actively campaigned on HBV prevention, and both previous KP and Punjab governments have made progress in improving healthcare service delivery. Though this 'silent killer' is all too pervasive in Pakistan, a positive trajectory is in sight, provided that there is sufficient political will and financial backing to overcome this crisis and reform the dysfunctional public health sector.
(By Editorial Dawn, 08, 28/07/2018)

CJP orders freezing of drugs prices till regulator's decision

Chief Justice of Pakistan Mian Saqib Nisar on Friday directed the Drug Regulatory Authority of Pakistan (Drap) to decide within 10 weeks all pending cases of pharmaceutical companies regarding medicine prices.

He said the existing prices of all medicines would remain frozen till a decision on the cases.
A three-judge Supreme Court bench headed by the chief justice had taken up a suo motu notice about increase in prices of drugs.
Gives one more year to Drug Regulatory Authority of Pakistan to enforce policy on medicines packaging barcode

At the request of Drap, the chief justice gave it one more year for the enforcement of policy regarding QR barcode on the packaging of medicines.

Additional Attorney General Sajid Ilyas Bhatti informed the court that the earlier timeline of two years was going to expire in December this year, adding that more time would be required to implement the policy.

The court was told the barcode would provide information about batch numbers, expiry dates and genre of medicines. Mr Bhatti said that 390 drugs manufacturing companies had already implemented the barcode policy, adding that complete enforcement of the barcode policy would help eradicate spurious medicines from the market.

The law officer informed the court that as many as 2,000 cases of the pharmaceutical companies had been decided under the Drug Regulatory Policy 2015.

The chief justice rejected a petition moved by one of the drug importers challenging the Drap policy. He observed that the court had no jurisdiction to interfere in policy matters of the government.

The chief justice disposed of the matter and directed Drap to finalise its policy after consultations with all stakeholders and decide all pending cases of the pharmaceutical companies within 10 weeks.
(By Wajih Ahmad Sheikh Dawn, 01, 04/08/2018)

PMA asks new govt to take radical steps for healthcare system

The Pakistan Medical Association on Monday said that in the absence of a comprehensive health policy and proper planning, it could not expect any change and "things will remain directionless as they are".

"The PMA as a major stakeholder feels it is its responsibility to give guidelines to the newly elected government so that they could be incorporated into the future policymaking," said Dr Qaisar Sajjad, PMA secretary general, in a policy statement.

The PMA official said the new government should follow a comprehensive federal health policy which all the provinces should implement.

"The government should stress upon the basic issues rather than opting for expensive healthcare.

“When we say the basic issues, it means making basic health units (BHUs) functional; providing primary healthcare, clean drinking water, vaccination and immunisation to all; and focusing on awareness programmes and population control, etc,” said Dr Sajjad.
It demanded elections for Pakistan Medical and Dental Council (PMDC), the regulatory body of doctors for registration and medical education. It is being governed by a caretaker setup nowadays.

Besides, it called for reconstruction of the Drug Regulatory Authority, total ban on quackery, and governance in all healthcare institutions with no political interference at any level.

The PMA also demanded that a complete ban be imposed on treatment abroad for all dignitaries.
(By The Newspaper's Staff Reporter Dawn, 18, 07/08/2018)

Healthcare dilemma

That Pakistan’s medical sector is not up to par is no news. The medical fraternity has been struggling to provide for the growing population of the country. But a recent finding by the Senate Standing Committee on Capital Administration and Development Division (CADD) has proven that hospital authorities themselves care little about the safety and welfare of their patients.

The CADD was surprised to find out in a recent meeting that the oldest hospital in the capital, Polyclinic, used outdated methods of sterilising instruments used in operations. The hospital conducts 23 operations every day.

The hospital, which began its operations in 1966, has been using methods that could give way to diseases, distorting the purpose of being a healthcare institution. The committee chairman, Dr Ashok Kumar, rightly called out the hospital administration by saying that “the outdated method can spread hepatitis,” — a disease that many Pakistanis already suffer from. The country has the highest burden of chronic Hepatitis B and C. According to 2015 findings, every 10th person in the country was suffering from Hepatitis. In fact, over 20 million people in Pakistan were said to be infected with Hepatitis B and C. In the wake of such numbers, hospital administrations—not just the administration of Polyclinic — should be careful about the methods they use to sterilise instruments used in operations.

The hospital administration of Polyclinic’s claim of it facing a lot of problems because of which it is unable to provide best medical treatment to patients is inexcusable. Their lack of care could have resulted in someone’s life being affected forever.

Hospitals not just in Islamabad but across Pakistan ought to do better. And stringent policies need to be taken for the ones risking their patients’ lives. Healthcare institutions should be the last place an individual should expect to contract diseases. We expect accountability.
(By Editorial The Express Tribune, 16, 08/08/2018)

Judicial commission seeks report on incinerator installation in hospitals

The Supreme Court-mandated Judicial Commission on Water and Sanitation has directed the Sindh health department to remove Peoples Medical College Hospital, Benazirabad Medical Superintendent Dr Muzaffar Chandio from his post.

Justice (retd) Amir Hani Muslim, the commission’s head, further directed on Tuesday the health secretary to conclude the ongoing corruption inquiry against Chandio within a week and fix responsibility.

Following his order, Chandio was removed on Wednesday and his charge was temporarily given to additional MS Dr Shamsuddin Siyal. Chandio is facing charges of alleged corruption in the execution of certain projects.

According to sources from the hospital, the alleged embezzlement relates to the construction of the 300-bed mother and child healthcare institute and the water supply feature. “The inquiry ordered by the commission against the MS has not concluded so far,” Justice (retd) Muslim observed during the hearing in Karachi.

The MS had earlier informed the commission that he had written to vice chancellor of the Peoples University of Medical and Health Sciences to form a committee for the inquiry. The hospital is a teaching hospital of the university. However, the commission noted that the correspondence for the inquiry is “tainted with malice”.

“The MS was the project director and it wasn’t the occasion for him to address a letter to the VC with regard to revenue components for which he is supposed to be responsible,” Justice (retd) Muslim underlined.

Judicial commission comes down hard on KWSB
Separately, the commission observed that no substantial progress has been made in the installation of incinerators to dispose off hospital waste even though a time frame was earlier submitted by the health department. “The time frame hasn’t been followed.”

Additional Health Secretary Jamaluddin Jalalani was tasked with the installation in the government hospitals.
Meanwhile, Shaista Mubarak, the director of development in the health department, expressed lack of knowledge about the current status of the project at the hearing.

Justice (retd) Muslim directed the health secretary to submit a report on the status of the installations.

Meanwhile, Justice (retd) Muslim asked for the details of conversion of industrial plots into commercial ones and ordered completion of work on five water treatment plants in the SITE area. The commission head directed the Sindh Environmental Protection Agency director-general to produce the details of treatment plants of different companies.

The commission also instructed releasing tenders of the Western and Northern treatment plants in Hyderabad.
Expressing displeasure over the conversion of industrial plots into commercial ones, the commission's head inquired how this was being done and according to which law.

Judicial commission orders cleanliness at fisheries
The SITE managing-director said that the conversion of plots was SITE's governing board's prerogative.
The commission, in its remarks, said the companies had assured of installing their own treatment plants. It directed the Sepa DG to explain how much work has been done on the treatment plants.

According to the Sepa DG's report, PC-I had been approved for the installation of a treatment plant in Nooriabad while work on the treatment plant will start from September.

Anti-encroachment
The commission directed a senior member of the Board of Revenue to take action against Sukkur district Anti-encroachment Cell in-charge Muzaffar Ali Chajjan and report compliance. Justice (retd) Muslim had summoned Chajjan after his recent visit to Sukkur during which he noticed encroachments in the district. However, despite the notice and directions by Sukkur Deputy Commissioner Rahim Baksh Maitlo, Chajjan failed to appear.

The DC and Sukkur Mayor Arsalan Shaikh assured the commission that all encroachments from the water supply and drainage lines would be removed.

The Sukkur DC apprised the commission that by virtue of his office, he has been made project director of Ghulam Muhammad Mahar Medical College, Sukkur. However, he admitted he lacked expertise to head the project, which has been revised multiple times with the cost escalating to Rs4.77 billion.

"Normally, the district administration should monitor such projects but the DC shouldn't be appointed as the project director as is being practised."

Judicial commission comes down hard on Chinese companies
The commission asked the Sindh government to review its decision and hand over construction of the college building to the works department which will coordinate with the health department for technical input.

Meanwhile, Khipro Municipal Committee Chairperson Muhammad Waseem Qaimkhani submitted an undertaking stating he will improve cleanliness in the town as well as the water supply and drainage system. The commission gave him 15 days to discharge these obligations, warning of action in case of failure.
(By Z Ali/ Nasir Butt The Express Tribune, 04, 09/08/2018)

NAB launches probe into CHK trauma centre delay

The National Accountability Bureau (NAB), Karachi, on Friday decided to initiate a probe against a delay in construction of the trauma centre of Dr Ruth Pfau Civil Hospital.

A NAB spokesperson said that the trauma centre was constructed after a lapse of several years, resultantly its cost increased from Rs6 billion to Rs16bn and it was "hurriedly" inaugurated in 2015 while it was still under construction.

The official added that in a meeting of the NAB board chaired by Karachi director general Mohammad Altaf Bawany on Friday, an initial probe was authorised for verification on a complaint received against authorities privy to the construction of the Shaheed Mohtarma Benazir Bhutto Accident Emergency and Trauma Centre, popularly known as trauma centre of Dr Ruth Pfau Civil Hospital Karachi.

It was alleged that the project was initiated in 2007 and it was supposed to be completed in 2012 with an estimated cost of Rs6bn.
However, after a lapse of several years and expenditure of Rs16bn, the project was still not completed and instead was inaugurated in 2015 without completion.

"It is also alleged that an additional amount of millions of rupees has been sought from the Sindh health department for its completion," a NAB statement said.

The Sindh government had established the trauma centre "in order to meet the challenges of management of trauma-related emergencies".
(By The Newspaper's Staff Reporter Dawn, 17, 18/08/2018)

Health dept asks authorities concerned to save citizens from Congo

The provincial health authorities have issued an alert over the dangers of Congo-Crimean haemorrhagic fever days before Eidul Azha asking the relevant authorities to take measures to save people in the teeming metropolis from the deadly disease that has

begun afflicting people already and killed a number of them over the past few years, officials said on Saturday.

In a directive, the government asked the authorities concerned to specify points for inspection of animals away from the populous localities and proper sites be allocated for animal markets.

As part of preventive measures on part of the government, the city`s healthcare authorities have asked the veterinary department of the Karachi Metropolitan Corporation (KMC) to make sure that no infected animal is allowed to enter Karachi`s animal markets.

`This is one of the many measures we are taking to stop the lethality of the disease and ensure no further loss of precious lives in future,` said a senior official.

The officials said the authorities were told to inspect animals at the Toll Plaza in Karachi or at the entry points of every other city of Sindh.

In Karachi, the municipal authorities have been asked to ensure proper sanitation at the site of animal markets and make available proper supply of drinking water.

`Water should be stored and covered properly and veterinary camps be placed prominently [while] inspecting officials should be wearing gloves,` said the directive.

The KMC asked the visitors to the markets to wear clothes with light colours so that infected ticl(s from animals could be spotted easily.

All the municipal bodies in the city have been advised to fumigate animal markets before and during Eid days.

Besides,butchers should also use gloves and should not come in contact with blood of animals.

Officials said every CCHF victim caught the viral disease through the bite of an infected tick found on animals.

Those infections are also associated with the slaughtering of infected animals and from contaminated needlesticks, etc.

They said those dealing with dairy farming, livestock, medical personnel, veterinarians, and abattoir workers (butchers) were likely to catch the deadly virus and there was no vaccine available to prevent people from falling victim to it.

The city has got dotted with dozens of markets where animals from across the country have been put on sale.

Experts said the infection`s fatality rate was up to 50 per cent. In certain cases, infections are common after exposure to infected blood and secretions. Experts said in some rare cases across the world the disease was reported to be spread from one human to another.
(By Our Staff Reporter Dawn, 18, 19/08/2018)

Development & mental health

IN the weeks leading up to, during and after this election, ‘human development’ has been a frequently invoked buzzword. The idea of ‘human development’ was explained by Pakistani economist Dr Mahbub ul Haq in the first Human Development Report (UNDP, 1990). It essentially shifted attention to human beings and their opportunities and well-being as opposed to the idea that economic development was in and of itself enough to safeguard society’s needs.

Based on this approach, the Sustainable Development Goals (SDGs) 2030 were set by the UN in 2015. The SDGs are 17 interdependent goals with 169 ‘targets’ that cover a comprehensive range of social and economic development issues, and for which, carefully crafted multidimensional strategies are required.

Encouragingly, Pakistan was the first country to adopt the SDGs 2030 agenda through a unanimous resolution of parliament in 2015. But a key component necessary to bring about change is community mental health and mental well-being, without which no amount of political will and resources are enough to prepare us to undertake such a transformation.

For years, Pakistanis have been exposed to political and regional instability, terrorism, conflict-related trauma, natural disaster socioeconomic crisis, unprecedented internal displacement and refugee inflows. The subsequent cost of emotional suffering has impaired mental health nationwide and led to increased rates of common mental disorders.

Mental healthcare is not only a public health priority but has far-reaching consequences for the state.
In 2004, a study from Pakistan stated that 34 per cent of people suffered from common mental disorders. Furthermore, it is estimated that 13,000 people commit suicide each year in Pakistan. It is reported that 96pc of them suffer from treatable mental illnesses.

Mental health needs are firmly located within the context of Pakistan’s development needs. Like physical health, mental health cannot be described in absolute terms and is usually a dynamic state on a spectrum fluctuating between milder forms of everyday distress to more severe forms of psychosocial disability and mental ‘disorders’. According to the World Health Organisation, mental

health is defined as “a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”. Clearly, this notion extends far beyond the absence of a mental disorder.

For policy planners in the new government looking to lay out meaningful development and health agendas, investing in mental healthcare will be crucial if the country is to strive for sustainable development. Mental healthcare is not only a public health priority but has far-reaching consequences for the state’s economic, social and human capacities. The relationship between human development and mental heath is bidirectional where poor human development indices can contribute to mental health problems and vice versa.

A recent review of suicidal behaviour published by the Aga Khan University highlighted increased risk associated with unemployment and low socioeconomic status. This is worth understanding given that a major SDG goal that Pakistan has signed up for is to achieve healthcare-related targets, wherein health is defined as “a state of physical, mental and social well-being”.

The global burden of mental disorders itself is now established to be alarmingly high with 25pc of the world population likely to suffer from a mental condition in their lifetime. Despite the availability of cost-effective treatments, 80pc of citizens in developing countries do not have access to treatment. These alarming statistics qualified for a separate SDG target for prevention and treatment of mental disorders, that Pakistan should aim to meet. An additional mental health-related target addresses substance abuse, which again is an ever-growing cause for concern in Pakistan: an estimated seven million Pakistanis suffer from substance abuse alone.
For countries like Pakistan, economic growth is understandably a necessary prerogative. There is a large body of scientific evidence to confirm the significant association between mental health and economic indices. Citizens with poor mental health struggle to avail employment opportunities and make progressive choices, both paramount for human development. Mental health problems constitute an enormous economic burden for individuals and societies. For Pakistan, it is estimated that the overall cost of mental disorders in Pakistan is well over Rs250 billion per annum. This includes the economic cost of lost productivity.

There is also a close association between poverty and its consequences such as malnutrition and mental health. For example, iodine deficiency in pregnancy increases the risk of irreversible brain damage, and nearly a quarter of all children under the age of five are physically stunted, which in turn is linked to numerous risks for developmental disorders.

Mental health also affects general health indices. In 2004, a study conducted in Pakistan showed that babies of women who suffered from depressive disorders during their pregnancy and after birth were five times more at risk for being underweight than babies of non-depressed mothers. Unsurprisingly, social attitudes and behaviour towards mental health cut across attempts to bring change in other SDG target areas. Mental health and the psychosocial well-being of the family are important for early child development and educational opportunities. Last year, it was reported that 22.6m Pakistani children are still out of school. Some of the known barriers for this relate to attitudes and perceptions. For those attending schools, stressful environments negatively impact the ability of a child to learn.

In any society, sufferers of mental disorders form a major proportion of groups classified as ‘vulnerable’. Other marginalised groups include those with disabilities, members of minority groups or refugees etc. These people are at a much higher risk of developing mental health problems. These segments also face stigma and discrimination leading to significant barriers in attending schools, accessing healthcare, seeking civil rights and finding employment. Gross violation of their human rights is frequently reported in Pakistan.

These examples clearly reflect that the mental health and well-being of the nation is necessary in achieving SDG goals targeting poverty; health and well-being, quality education, sustainable communities, decent work and economic growth, gender equality; peace, justice and strong institutions that meaningfully undergird human development.
(By Asma Humayun Dawn, 08, 20/08/2018)

Young boy loses both hands after live wire falls on him

Both arms of an eight-year-old boy had to be amputated by doctors due to severe burns he had sustained after an 11,000-Volt electrical wire fell on him in the street where he was playing on Aug 25.

The incident took place in Ahsanabad Sector-4 off Superhighway. As a result of the electric shock, both of Umar’s arms were badly burnt and doctors had to amputate them in order to save his life.

Sindh Governor Imran Ismail has taken notice of the incident and sought report from the commissioner. He also instructed him to provide the best treatment to the child.

PTI leader and MPA-elect from the locality Haleem Adil Shaikh regretted over the incident and told the media that such accidents had become a norm due to K-Electric’s negligence. He assured the family of the boy of every possible help.

Malir SSP Sheeraz Nazeer told Dawn that the boy’s parents had not lodged a complaint yet but if they did so, the police would register an FIR.

SITE Superhighway SHO Humayun Ahmed Khan said the boy was admitted to the Abbasi Shaheed Hospital where the investigation officer (IO) visited him. The IO wanted to know whether the family would like to lodge a case but they told him that they were at the moment busy with the boy’s treatment and would approach the police in this regard later. The SHO said the police officer again approached the family two days later but the victim’s parents said they were engaged in ‘talks’ with the K-Electric.

Meanwhile, the family of the boy has said they are going to approach the police and take legal action against the power utility.

K-Electric regrets the incident
A KE spokesman told Dawn on Thursday that they were deeply saddened by the unfortunate incident. “We extend our sympathies to the family. We are taking this matter seriously and remain available to extend support to the family, including medical expenses during this time and for further treatment/rehabilitation,” the spokesman said.

A similar incident had taken place in Model Colony around the same time last year when another eighth-year-old boy, Azaan, lost his life after being electrocuted from a pole leaking current.

Area residents had complained about the matter to the KE but their slow response led to the loss of a young life four hours later.
(By Dawn Report Dawn, 17, 31/08/2018)

Experts voice concern over medical negligence causing disability among children

Medical negligence is largely unaccountable in Pakistan. Its worst victims are children who, in many cases, suffer lifelong disability due to damage to their developing brain. The intensity of their health issues and the troubles their parents go through increase manifold due to poverty, lack of awareness and availability of few rehab facilities for such children.

Senior health professionals shared these views on Monday at the PMA House where a gathering was organised in honour of Dr Ruby Abbasi, a recipient of Tamgha-i-Imtiaz and the founder of Al Umeed Rehabilitation Centre set up in 1985, the first rehab for children with cerebral palsy in the country.

Recalling her services at Sobhraj Maternity Hospital, Dr Shershah Syed, senior obstetrician and the then medical superintendent in 1995, said Dr Abbasi was always concerned about the well-being of patients and performed her job with great honesty when she was appointed as in-charge of the hospital’s drug store.

“When I came to know that she is running a centre for children with cerebral palsy, I visited the place and was shocked to see that so many children were there. Often such cases result either due to doctors’ negligence or failure of obstetricians in making timely decisions at the time of delivery,” he said.

Birth complications and congenital issues, he said, were one of the many ways that babies could develop cerebral palsy, a disorder that affected muscle tone, movement, and motor skills (the ability to move in a coordinated and purposeful way). It could also cause intellectual impairment.

According to him, birth asphyxia, or oxygen deprivation, is one such way causing cerebral palsy. It is a serious medical condition that could lead to death if not treated immediately.

“Birth asphyxia is marked by oxygen loss and blood supply loss to the baby and generally occurs shortly before or during birth,” he said, adding that a number of birth asphyxia cases could have been prevented with proper medical measures.

Giving a few examples of how medical negligence could result into cerebral palsy, he said that it could occur if a physician failed to monitor infant distress.

Expressing her gratitude to the PMA for organising the meeting, Dr Abbasi said her personal tragedy made her very brave.
“I always went out with my son (who developed cerebral palsy after doctors mishandled his viral infection). It’s unfortunate to see that so many children in Pakistan suffer from lifelong physical and mental disabilities either due to doctors’ negligence or poor handling by untrained midwives at the time of delivery.”

Such physically and mentally challenged children, she pointed out, lost all opportunities for a meaningful existence and were often forced into beggary.

Dr Huriya Masudi acknowledged and appreciated Dr Abbasi’s dedication and hard work, especially her relationship with her colleagues.

“She used to be very harsh at mistakes. But, we all learned from her criticism,” she said.

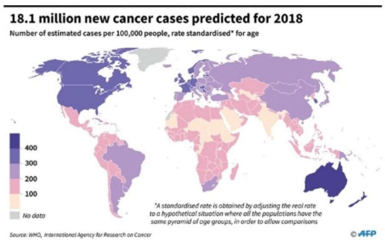
Sharing her experiences, Dr Zahida Soomro said that as a junior doctor she was trained by Dr Abbasi who helped her become disciplined and a thorough professional.

Dr Nighat Shah recalled her experience of a high-risk pregnancy at Sobhraj Hospital and said that she found Dr Abbasi very kind, caring and considerate.

“She always showed concern about my pregnancy. I learned from her that how a good doctor should work especially during pregnancy, a difficult time for women in Pakistan, who need great support from their families as well as caregivers,” she said.
Earlier, Dr Ghafoor Shoro, the PMA secretary, briefed the audience about PMA’s events held earlier to recognise contribution of health professionals engaged in selfless services in society. They included Dr Aziz Abdullah, Dr Shamsunisa Ansari, Dr Habiba Hassan and Dr Tariq Mahmood.
(By Faiza Ilyas Dawn, 16, 12/09/2018)

Cancer to kill 10m this year despite better prevention: study

Cancer will kill nearly 10 million people this year, experts said Wednesday, warning the disease's global burden continues to rise in spite of better prevention and earlier diagnosis.



An estimated 18.1 million new cancer cases were predicted worldwide for 2018 — with 9.6 million deaths, said a report of the International Agency for Research on Cancer (IARC).

This is up from estimated 14.1 million new cancer cases and 8.2 million deaths reported in the agency's last assessment just six years ago.

The toll is rising as populations expand and grow older, and people in developing nations adopt unhealthy, high-risk lifestyles traditionally associated with richer economies.

An increased focus on prevention — encouraging people to get exercise, quit smoking, and eating a healthy diet — led to a drop in certain types of cancer in some population groups, the IARC said. Yet the overall number of new cases is racing ahead of efforts to contain the disease.

"These new figures highlight that much remains to be done to address the alarming rise in the cancer burden globally and that prevention has a key role to play," said IARC director Christopher Wild.

One in five men and one in six women will develop cancer during their lifetime, the study said, and the World Health Organization expects the disease to be the leading cause of death in the 21st century.

There are dozens of types of cancer, and the agency found large differences between countries due to a host of socio-economic factors.

Lung cancer, biggest killer

Asia, unsurprisingly given its enormous population, accounted for nearly half of all new cases and more than half of cancer deaths worldwide in 2018.

Lung cancer remains the biggest killer overall, responsible for some 1.8 million deaths — nearly a quarter of the global toll.
For women, breast cancer caused 15 per cent of cancer deaths, followed by lung cancer (13.8 per cent) and colorectal cancer (9.5 per cent).

The figures highlighted a worrying rise in lung cancer rates for women — it is now the leading cause of female cancer deaths in 28 countries including Denmark, the Netherlands, China and New Zealand.

The data showed that cancer types traditionally associated with rich country lifestyles — more overweight people who are less inclined to exercise — were increasingly common in developing nations.

"One of the things that happens with transitions towards high levels of socio-economic development is the environment changes," Freddie Bray, IARC's head of cancer surveillance, said. "There is more physical inactivity and that happens to be a particularly high risk factor for colon cancer, for example."

Momentum lacking

Bray said models using current cancer statistics and predicted trends forecast as many as 29 million new cases a year by 2040.
"The extent to which this is becoming a major public health problem and the diversity of cancers that we see in different regions is also a striking point," Bray said.

Anti-cancer measures could take the form of stricter tabacco controls to limit lung cancer, or initiatives to encourage physical activity to reduce the risk of colon cancer. But the study warned that global efforts to rein in one of mankind's biggest killers still "lacked momentum".
(By AFP Dawn, 13, 13/09/2018)

404,475 cases reported this year at Sindh's only skin hospital

There was a time Humera, a student of class seven at a government school in Landhi, couldn't even open her eyes when she woke up in the morning. She is suffering from a condition commonly known as skin tuberculosis

With a look of satisfaction, her father shows a consultant at the Institute of Skin Diseases, Sindh the stack of prescriptions and tests conducted on Humera over the past 10 months. And now after two months, he is relieved because she is recovering after taking medicines prescribed by the doctors at the institute.

Medicine shortage at Prince Fahad Hospital
Humera suffers from a disease which is essentially an invasion of the skin by a particular bacterium. “She [Humera] has now recovered more than 50%,” shared her father, Shafiq Ahmed.

Another patient, Daad Khan, was consulting with a senior medical officer at the hospital, Dr Syed Irfan Ahmed, in a separate examination room. After examining the patient, the doctor diagnosed Khan with scabies and skin fungus for which he was prescribed handmade formulae made at the hospital. The medication was available at the hospital free of charge.

Dr Irfan told The Express Tribune that skin fungus has become an endemic, adding that 50% of the cases received at the hospital come with similar complaints. “It’s a contagious disease with an expensive treatment and causes discomfort due to itching and burning in the affected areas.”

However, he explained, “Not every skin disease is contagious and people should not outcast those suffering from one as it brings negative social implications for them in society.”

Located at the famous Regal Chowk, the only specialised hospital in the province dedicated to the treatment of skin diseases is commonly known as ‘Chamra hospital’. It is flocked by more than 3,000 patients in a single day, who are mainly affected due to smoke inhalation, pollution and unhygienic environmental conditions.

Lack of immunity developed due to chewing and smoking tobacco, inaccessible potable water, and access to various chemicals has increased the number of skin patients, Institute of Skin Diseases, Sindh Director Dr Iqbal Nabi Soomro shared.

In the first seven months of this year, 404,475 cases of skin diseases were reported at the institute, out of which 209,740 were of skin fungus.

The highest number of patients was reported in July when 74,050 patients flocked to the hospital for treatment of skin-related diseases.

According to the data provided by the institute, 16,165 procedures were carried out, including electric and chemical cautery, carbolic acid touch and cryotherapy to treat moles, warts and skin tags.

The hospital started in 1952 and 60 doctors and 12 consultants currently render their services. It houses 18 examination rooms, out of which eight are dedicated for women patients.

Nurses at Lahore’s Jinnah Hospital protest
Dr Soomro said that free of charge medicine provided to the patients, which is generally expensive in the market, is one of the main attractions for patients. However, he complained that non-compliance by patients of the prescribed dose has remained a serious issue since the disease reoccurs with stronger symptoms.

According to the institute’s director, the natural skin tone of every person is unique and must not be tampered with.“We should not try to spoil the tone of our real skin colour as dark skin tone has its own benefits or else it can lead to rampant skin cancer due to harsh and direct sun rays,” he advised.

He added that whitening creams come with major side effects and must be used cautiously.
He appealed to the people to consume lots of fruits and vegetables and take care of their hygiene to stay away from skin diseases and not fall pray to quacks if they develop any skin related issue.
(By Mudaser Kazi The Express Tribune, 05, 15/09/2018)

Supporting LHWs

THE Lady Health Workers Programme is the only pro-poor initiative in the country today directly delivering critical health services, but LHWs have been designated as a dying cadre in Punjab. Their services are to be ‘outsourced’ in the future, for the given reason that LHWs are blackmailing the government with protracted sit-ins for a better service structure and payment of pending salaries. Instead of addressing their grievances and strengthening the cadre’s role in primary healthcare, the province has decided to throw the baby out with the bathwater.

Much has been written about the success of the programme, introduced by Benazir Bhutto’s government in 1994 with technical support from WHO. In a country that spends an abysmally low portion of its GDP (0.91 per cent) on health, this particular community-based programme has improved health outcomes of large swathes of the population, especially in rural areas. The programme is recognised globally for its positive outcomes, and was duly supported by subsequent governments (except the last).

In the face of a chronic shortage of human resources in the health sector, the programme provides essential services to the poor, in line with the Alma Ata Declaration and later the MDGs. LHWs are agents of rural change, and the first point of contact between the community and the formal healthcare system. They are trained to create awareness about health, hygiene, sanitation and management of TB and hepatitis, handle minor illnesses, and play a vital role in polio eradication, vaccination, disease prevention, nutrition, contraception and, most importantly, childbirth, thus reducing maternal and child mortality rates.

Why does Punjab want to undo a successful programme?
Since 1994, the government has deployed 106,000 LHWs in the field, with one LHW looking after 1,500 people or 200 households on a salary as low as Rs14,000 per month. Candidates with a minimum of eight years of education are trained to cover 20 critical health-related tasks and provided a basic kit of medical supplies. Lady Health Supervisors monitor the LHWs' performance and send monthly reports to district health officers.

An evaluation of the programme by Oxford Policy Management in 2008 found that the population served by LHWs had better health indicators than the national population despite being underfunded, with suboptimal facilities and political interference. A study in 2012 also noted a 20pc reduction in neonatal mortality rates in Hala district within a short period of LHWs receiving training by AKU faculty.

LHWs have heavy workloads and poor salaries; they live in precarious environments, encounter gender discrimination, patriarchal prejudice, sexual harassment, blackmail, threats and even assassination — 96 LHWs have been killed so far — when they are used in polio and other vaccination campaigns. Then there are 'ghost' LHWs, whose salaries are siphoned off by corrupt health department officials. Monthly supplies of medicines are pilfered instead of reaching LHWs. Even the vehicles given to Lady Health Supervisors are misused by higher officials. They are denigrated by government functionaries and not accorded respect as professional health workers.

In India, Auxiliary Nurse Midwives are primary healthcare female workers serving mainly rural communities in conjunction with Accredited Social Health Activists. As reported by The Hindu in September 2017, the mortality rate of children under five declined in 2015, partly due to interventions by ANMs and ASHAs. The incidence of child mortality in Sri Lanka and Bangladesh is eight and 33 per 1,000 live births respectively, while in Pakistan, it was 81 per 1,000 live births in 2015 — the highest in South Asia according to Unicef.

That the continual clipping of LHWs' funding over the years has a direct bearing on these shameful statistics is lost on Punjab's bureaucracy. Their intransigence towards the LHWs, including non-regularisation of their services, instituting cases against them for protesting for their rights, and non-payment of salaries has further debilitated the cadre in a skewed misogynistic culture that in any case was resisting their activities in villages. It is now up to the new provincial health minister to set things right.

Although the LHW Programme needs further improvement with more training, supervision and better outreach, it is being supported by all the provinces except Punjab, and it is included in their primary health service reforms. In fact, the Sindh government with the John Hopkins Centre has introduced an Android-based mobile tool kit for LHWs, and also announced additional hiring of 3,200 LHWs, out of which 1,060 will be deployed in Tharparkar. However, it needs to do more to expand their present coverage of only 65pc of the Sindh population, and increase their salaries as such a vital programme cannot be sustained on a shoestring budget.
(By Rukhsana Shah Dawn, 09, 16/09/2018)

CJP warns hospitals charging high fees will be shut down

Chief Justice of Pakistan (CJP) Mian Saqib Nisar has said that private hospitals should not charge a rupee more than what is set by the Pakistan Medical and Dental Council (PMDC) for treatment.

Hearing a suo moto case on Sunday against owners of private hospitals for charging exorbitant fees from patients for medical treatment, the CJP warned Ghazanfar Ali Shah, the CEO of the Doctors Hospital and Medical Center (DHMC), that his hospital would be shut down on violation of the court verdict.

The CJP said that private hospitals were charging patients more than Rs100,000 for stent implants. "How can the hospitals overrule court's direction and charge patients beyond the set rate?" he said to the hospital chief.

CJP orders inquiry into determining quality of bottled water

He said citizens complained they were being charged high fees at the DHMC. "A patient who was admitted to the hospital for 30 days was handed a bill of Rs4 million," he said, adding that people from low-income groups should also be considered while setting such high charges for medical treatment.

The top judge warned that the court would announce its verdict if private hospitals did not review their charges. Meanwhile, the chief justice said the court wanted to know the measures taken by the commission to regulate pricing of private hospitals.

Punjab Healthcare Commission (PHC) Chief Operating Officer Dr Ajmal Khan said, "Unfortunately the commission failed to fulfill its mandate of regulating and controlling prices of healthcare services." He, however, said that a scrutiny of the 'fee lists' of at least Lahore-based private hospitals could be done within six weeks.

Justice Nisar observed that some private hospitals had raised illegal structures and occupied public roads using them as their parking lots. He pointed out that Surgimed Hospital was using a major portion of Zafar Ali Road for its parking.

Likewise, a lawyer said the Surgimed and Akram Medical Complex were situated in front of the drain along Zafar Ali Road and Jail Road respectively. At this, the chief justice directed the Environment Protection Agency (EPA) to submit a report, explaining as to how they were allowed to build hospitals on the banks of drains.

CJP, Saad Rafique have a heated exchange of words
Lahore Development Authority (LDA) Director General Amna Imran Khan, who was also present in the court, complained against the DHMC and said the hospital was established on a residential plot.

“Private hospitals would be slapped with Rs10,000 fine to be deposited in the dams fund for each vehicle found parked outside their allocated parking areas,” warned CJP Nisar.

Earlier on Saturday, the chief justice lambasted the private hospitals functioning in the provincial metropolis for fleecing patients in the name of medical facilities and hinted at ordering forensic audit of their accounts.

He had taken a suo motu notice of the exorbitant fees being charged by private hospitals and summoned their owners and shareholders. Notices were issued to the DHMC, Surgimed Hospital, Omar Hospital, Hameed Latif Hospital, Midcity Hospital, National Hospital (Defence), Farooq Hospital and Al-Raazi Hospital.
(By Our Correspondent The Express Tribune, 02, 17/09/2018)

Human rights & mental health

A DECADE ago, world-renowned psychiatrist and medical anthropologist Arthur Kleinman termed the standard of mental healthcare across the world a ‘failure of humanity’. He noted that the worse deficiencies of care lay in the ‘local conditions’ faced by the mentally ill, and not the fact that mental disorders contributed to 15 per cent of the burden of global disease; or that less than 1pc of the health budget was dedicated to mental healthcare in developing countries; or that there is a severe dearth of psychiatrists in the latter.

The increased vulnerability of sufferers of mental disorders owes in part to their inability to use the full potential of their mental and emotional capacities. It also owes to their being unduly marginalised because of poor awareness of disorders, and the shame and stigma that follow. Patients with mental illness are thus rendered powerless, and unable to defend their interests.

The foremost right of the mentally ill is access to treatment. In Pakistan, psychiatrists are not just few and far between, they are also concentrated in urban clusters. At best, districts have one or two specialists. It is not uncommon for a family to travel from Balochistan to Karachi, or from the Northern Areas to Islamabad, to seek medical help. A family can spend thousands of rupees on travel for a single consultation. Given the skewed ratio of patients to specialists, consultations are brief, expensive and long awaited. More often than not, there are serious questions about the scientific and ethical aspects of mental health practices in terms of diagnostic and therapeutic skills.

There are multiple accounts of maltreatment or gross medical neglect in outpatient and inpatient facilities, whether in the government or private sector. Perhaps the most prevalent concern is that hundreds of patients are seen every day in a span of five to 10 minutes — a practice widely defended on the grounds that nobody should be denied consultation.

Widespread stigma leads to misconceptions that people with mental disorders cannot be trusted.
In developed healthcare systems, the minimum time allocated for a new psychiatric assessment is 45 minutes. Harm is likely to be caused if scientific limits are not observed. Furthermore, irrational and harmful poly-pharmacy prescriptions are rampant in both public and private clinics.

Another clinical practice is the frequent treatment of young women, mostly those with dissociative disorders, who are not fully aware of their state or surroundings. They are either forced to smell ‘ammonia’ (a repugnant chemical) to become more communicative or they are confronted, sometimes brutally. The most violating clinical example, even in some tertiary-care centres, is that electro-convulsive therapy (misleadingly known as ‘electric shocks’) is administered without general anaesthesia, causing not only immense agony to the patient, but also discrediting an effective and sometimes lifesaving treatment.

The malpractice is not limited to psychiatrists; there are numerous examples of psychologists offering therapies without basic training, or prescribing psychotropic medications. Human rights concerns therefore extend to poorly trained mental health professionals pursuing unregulated practices, and not just a dearth of equitable resources.

Another fundamental right of patients with mental disorders is that they be treated in humane and non-abusive environments. This is especially important in the case of the most vulnerable: children with learning disabilities; women experiencing chronic schizophrenia; men suffering from drug dependence; and elderly persons with dementia. Abuse can range from sexual abuse of children in the community, brutal detoxification techniques in drug centres and violence against women, to harassment by law enforcers, atrocious rituals for exorcism and mindless incarceration in asylums.

Like everyone else, people suffering from mental disorders are entitled to avail all opportunities to live full personal, social and occupational lives. This essentially means that the state has to ensure educational facilities for children with learning disabilities, vocational rehabilitation for young people with mental disorders, housing and employment and access to healthcare. It must also facilitate all matters relating to criminal and civil justice. Widespread stigma and discrimination lead to misconceptions that people with mental disorders cannot be trusted, or lack the capacity to fully comprehend or make sound decisions. As a result, they face rejection and isolation when it comes to integration in their communities.

Mental health-related disabilities are a major concern for Pakistan. If we take the family members of sufferers with disabilities into account, disability affects up to 25pc of our population. Most disability is preventable, when common causes include infectious diseases (meningitis, tuberculosis, polio, HIV/AIDS), trauma or accidents (primarily road accidents), congenital and non-infectious diseases (such as epilepsy), perinatal injury (eg cerebral palsy) and malnutrition. Needless to say, lack of preventive and rehabilitative measures for those suffering from mental disabilities is a gross neglect of their human rights.

Even more significant for Pakistan is the fact that the vulnerability of people with mental disorders, or those at risk, escalates following humanitarian crisis (natural or manmade disaster, post-conflict or terrorism, or mass displacements). For the longest time, it has been assumed that basic needs include food, clothing and shelter only. Emotional support and connecting them to the relevant agencies — components of 'psychological first aid' — need to be recognised as undeniable rights. Their capacity to advocate for their rights or assert their needs is already compromised. Unless actively encouraged, these people might not even queue up for freely distributed rations.

These are just a few of the major violations of human rights where stakeholders across the board must engage to initiate systemic reform through comprehensive mental health legislation. Nationwide awareness campaigns are needed to dispel ignorance surrounding mental health. Capacity-building measures are urgently needed at all tiers of mental healthcare. Scientific protocols and guidelines developed for a local Pakistan-specific context are desperately needed. The subject of medical ethics must be formally integrated in medical training. In addition, mental health and psychosocial support should be an integral component of all initiatives following a disaster. Finally, clinical practices and relevant services must be regulated at all levels. Human rights demand it.
(By Asma Humayun Dawn, 08. 18/09/2018)

PMA, civil society laud NICVD performance

The Pakistan Medical Association, civil society and representatives of trade unions on Tuesday lauded management of the National Institute of Cardiovascular Diseases (NICVD) led by Prof Dr Nadeem Qamar for providing state-of-the-art cardiovascular services to the people of Pakistan and termed the hospital a rare healthcare facility in the world, which offered specialised services to heart patients for free.

Addressing a joint press conference at the Karachi Press Club, civil society leaders and representatives of the Pakistan Medical Association (PMA), Human Rights Commission of Pakistan (HRCP), Pakistan Institute of Labour Education and Research (Piler), Democratic Workers Federation of State Bank of Pakistan, NOW Communities, Tahreek-i-Niswan, Aurat Foundation, Workers Education and Research Organisation and others appreciated the services of NICVD and its executive director Dr Nadeem Qamar for providing "best services" to thousands of patients across Sindh and many others who came from other provinces.

The press conference was addressed by former principal of the Dow Medical College Prof Dr Tipu Sultan, president of PMA Karachi Dr Khalil Mukaddam, Dr Pir Manzoor Ali of PMA Sindh, civil society Mir Zulfiqar Ali, Karamat Ali (Piler) and trade unions representative Nasir Mansoor.

They said the statistics itself spoke of the performance of the facility.
A record number of 17,470 primary angioplasties at all nine NICVD centres in Sindh were performed during the period between February 2015 and May 2018, making the NICVD the worlds' largest primary percutaneous coronary interventions (PCI) centre.
Moreover, the Heart Failure Programme has been established at the NICVD to benefit patients with advanced and end-stage heart failure along with the facility of left ventricular assist device (mechanical heart) implantation.

Even the implants of Life Saving Devices (ICD & CRT P/D), that range between Rs750,000 Rs2.5 million is now being done free of cost.

They said that the NICVD in recent years had established fully equipped eight NICVD satellite centres in different parts of Sindh, which were providing free of cost primary PCI, 24 hours emergency and adult & paediatric cardiology services.

Facilities of free open heart surgery are also available at the NICVD Sukkur, and Karachi. The satellite centres are located at Larkana, Tando Muhammad Khan, Hyderabad, Sehwan, Sukkur, Nawabshah, Mithi and Khairpur.

With these centres, entire province is covered where a patient can reach within 90 minutes from anywhere.
The NICVD has also set up seven chest pain units at main intersections of Karachi, which are providing emergency services to patients, who cannot reach to the main NICVD hospital due to traffic congestion or long distances.

These easy reach units are located at under the Nipa flyover; under Gulbai flyover; under Malir Halt flyover; under KPT flyover, Qayyumabad Chowrangi; under Nagan Chowrangi Flyover; near I. I. Chundrigar Road and at Lyari General Hospital.

A doctor, a nurse and required medical equipment and medicines are available at these units and in case of serious condition of a patient an ambulance is available to shift patient to the main NICVD.

They said that the data provided by the NICVD to public was impressive.
During last one year over 56,731 patients visited the chest pain units, out of which 2,986 patients were having heart attack and were transported to the NICVD Karachi for angioplasty immediately, where as NICVD cardiac ambulance service was introduced to help patients in remote area and at the satellite centres requiring transportation.

They expressed regrets that such a facility was being 'targeted'.
"Recent action by a government agency against the NICVD is condemnable," they added.

They said that they believed in transparency and accountability at all levels, but “the manner in which this healthy facility has been targeted is simply unacceptable. It is beyond our comprehension that such a best health facility is being targeted”.

“There are many government departments, including hospitals in pathetic conditions but no action is taken against them whereas the NICVD which is only ray of hope for patients from all over Sindh is being maligned.”

They urged the relevant government authorities to take action with all caution and do not act without any solid proof.
“It has come to our knowledge that the action has been taken on complaints of some former employees who may have personal grudges,” they said.

They announced that they stand with the NICVD and the people it served.

“We recognise and fully appreciated the great contribution of everyone in the NICVD team and appeal to all concerned to recognise and appreciate these unique developments and put an immediate end to the ongoing defamation, media trial and harassment of the highly respectable and professional team of the NICVD,” they concluded.
(By PPI Dawn, 16, 20/09/2018)

TB challenge

ALTHOUGH over 1.5m people worldwide die of tuberculosis each year, the disease has not received the global attention it deserves. It remains the top infectious disease killer for the fourth year in a row. But a turning point may be near. Knowing that slow progress to fight TB would result in countries missing the 2030 SDG goal to eliminate the disease, UN member states have put the spotlight on a global eradication plan by rallying political support and investment. At least 42 world leaders will meet on Sept 26 to commit their nations to eradicating TB by 2030 at the first-ever tuberculosis summit on the sidelines of the UN General Assembly meeting. Given that Pakistan ranks sixth among those countries that suffer from multidrug resistant TB (15,000 MDR cases are diagnosed each year), President Arif Alvi would do well to attend the summit. The move would demonstrate Pakistan’s determination to eradicate TB, while the summit itself would serve as an opportunity for the country to seek assistance to curb and reverse TB’s often fatal trajectory at a time when experts fear an even deadlier form of the disease. Pakistan should take full advantage of the opportunity to interact with the delegates at the summit where the disease will, for the first time, be receiving such high-level political attention, the aim being to ensure that poorer countries have access to effective and affordable medication to treat MDR TB. The outcome of this moot may be critical for the government.

While the international Global Fund to fight AIDS, tuberculosis and malaria provides free diagnosis and treatment, provinces in Pakistan have protested about poor resource allocation. For equitable distribution, transparency is essential. Meanwhile, the blunt truth is that too many poor people are infected with or dying of a curable and preventable disease. Providing health security as repeatedly pledged by this government calls for sustained investment and change in treatment approaches through greater efforts at universal health coverage.
(By Editorial Dawn, 08, 20/09/2018)

Public healthcare: SHC maintains its order on shortage of staff in government hospitals

The Sindh High Court (SHC), retaining its earlier order regarding the reduction of doctors and paramedical staff in the government hospitals of Sindh, adjourned the hearing to October 4. A two-member bench heard the case where reports from 11 districts, including Karachi, Shikarpur, Tharparkar, Sukkur, Badin, Thatta and Larkana, were presented.

According to the additional health secretary, there are 79 vacant posts of doctors and surgeons in the district hospital of Shikarpur. On the court’s order, doctors were appointed to fill the vacancies. A notification of the appointment of six doctors in Shikarpur hospital has been issued and they include a cardiologist, a gynaecologist and child specialists among others. The doctors were transferred to Shikarpur from Karachi and other hospitals and have started working.

The court was hearing a petition which argued that hundreds of posts of doctors and paramedical staff were vacant in the hospitals of Sindh, including important posts of gynaecologist, pathologist, surgeon, child specialists and others for the past three years, resulting in a shortage of 4,000 doctors.

The court maintained its order of filling the vacant posts and postponed the hearing due to the absence of the petitioner’s lawyer.
Non-payment of dues

The court gave time till September 30 to the district municipal corporations (DMCs) officials to submit a reply over non-payment of dues to more than 200 teaching and non-teaching staffers of the schools being managed by the DMCs. A two-member bench heard the case.

The officials requested the court for time to submit their reply. The court, granting time to the officials, postponed the hearing.
The petitioner, Muhammad Saleem, and others argued that their salaries had not been paid for more than three years. Saleem said that due to non-payment of salaries he had been unable to marry off his daughter. He added that even though he came for

duty regularly, his salary was still unpaid. He said that they were made to work during the census and elections and maintained that they faced difficulties due to non-payment of salaries, adding that the future of their children was at risk.

Bail application
The SHC gave the National Accountability Bureau (NAB) prosecutor time till October 8 to submit a reply on the bail application of Sindh Assembly MPA Javed Hanif, who is associated with the Muttahida Qaumi Movement – Pakistan (MQM-P). A two-member bench, headed by Justice Iqbal Kalhoro heard Hanif's bail application.

The NAB prosecutor requested for time to submit a reply. The court allowed the request and postponed the hearing.

Hanif's lawyer, Rashid A Rizvi, argued that the arrest of his client was illegal. "He is a former bureaucrat and now an elected member of the assembly after securing thousands of votes. Despite this, he was not released," Rizvi said. He added that Hanif was arrested on the day after a ticket was issued to him, which is against NAB policy. Arresting him after the ticket amounts to illegal confinement, the lawyer said and added that the NAB chairperson had clarified that electoral candidates would not be arrested.

According to NAB, the suspect has been charged of corruption and misuse of authority.
A total of 940 illegal appointments were made in the ports and shipping ministry. The suspect, in collusion with the federal minister of ports and shipping, Babar Ghauri, is accused of making these illegal appointments that violate the rules of Karachi Port Trust (KPT). Appointments were made without advertisements and the suspect is said to have inducted criminal elements in a large number causing a loss of more than two billion rupees to the national exchequer.

Punishment upheld
The SHC rejected the appeal of a convict against the seven years imprisonment awarded to him in an extortion and possession of illegal arms case. A two-member bench heard the appeal to reduce the sentence to five years.

According to the police, the convict had asked Dr Shazia for an extortion sum of Rs10 million. He was arrested while he was accepting the extortion money and a case was registered against him at the Gulistan-e-Jauhar police station in 2016. An anti-terrorism court (ATC) had announced a punishment of seven years after guilt was established.
(By Our Correspondent The Express Tribune, 05, 25/09/2018)

Polio's last stand

THIS week, in an ongoing attempt to eradicate the deadly polio virus, a national polio immunisation campaign mobilising 260,000 personnel will attempt to vaccinate 38.6m children under the age of five. One of the last three countries, including Afghanistan and Nigeria where polio is endemic, Pakistan might be close to stopping the transmission of the virus but will only get to zero cases when it tackles the challenges in the way of eradicating the disease. To have eliminated polio, it must report zero cases for three consecutive years, according to WHO guidelines. While sustained efforts to halt the virus's transmission have shown results since 2014 when 306 cases were registered compared to 54 in 2016, eight in 2017 and four cases this year, attempts have also been undermined by militant attacks on vaccinators and law-enforcement personnel. The Taliban had 'banned' vaccinations in the tribal areas, even certain settlements of Karachi, and militants still remain active. Only in January, a mother-and-daughter vaccination team was killed in Balochistan from where one of the three polio cases recorded this year has emerged. Yet another hurdle is the vaccine refusal rate. And, because the virus can be found circulating in sewage water, the government must improve living and housing conditions in low-income settlements.

Moreover, migrant populations travelling between the tribal region and Afghanistan's border towns export the virus even when anti-polio teams from both countries have coordinated to stop cross-border transmission. To ensure that every child entering Pakistan is immunised, it is imperative that well-stocked vaccination kiosks at border crossings, transit hubs, police check-posts and in localities where migrant families settle are made operational. Also injectable polio vaccines, experts say, should be used to enhance the immune system of children more likely to contract this virus. Stamping out this deadly virus would imply every child is vaccinated, especially those with families on the move and who have missed routine immunisations. The effort will require a cohesive public health infrastructure supported by our political leadership.
(By Editorial Dawn, 08, 26/09/2018)

Serving humanity: Hamdard Foundation pledges Rs10m annual grant to burns ward

Hamdard Foundation Pakistan (HFP) allocated Rs10 million annually to cover expenses of the Paediatric ICU/Ward of Burns Centre at Dr Ruth KM Pfau Civil Hospital on Tuesday.

The arrangement was formalised through a memorandum of understanding (MoU) signed by HFP president Sadia Rashid and Friends of Burns Centre (FOBC) president Zahid Saeed, at a ceremony held at the Jubilee Block of the hospital.

According to HFP's chief, the support is being provided under the organisation's "Healing with Care" initiative. Rashid extended best wishes to FOBC's team and expressed determination to work with them in order to serve humanity.

A detailed report was presented by the FOBC President regarding the services provided by the Burns Centre.

He reported that FOBC is the only burns facility in the country which provides all medical and operational services to burn victims without any charge.

The facility dedicated to burn victims was said to have 66 beds, including 12 for children under ten years of age exposed to burn injuries.
(By APP The Express Tribune, 04, 26/09/2018)

Medical negligence in Karachi

Statistics on medical negligence in the country are difficult to find. This may be because it is not considered an offence by most people, many of whom lack education on the notion of patient rights. Cases have continued to arise, still with minimal outcry. At most, a protest takes place but once the emotions of family members settle, so too does the momentum to take any objective action against those responsible. A three-year-old boy in Karachi died from a wrong injection given to him for typhoid treatment at a private clinic. Although family members have been emphatic in registering their protest by vandalising the doctor's vehicle, prompting the police to arrest the doctor, it is enigmatic to consider what might result from the arrest.

Such cases regularly arise but with little recourse, especially for those without financial resources to go through litigation or avail influential connections. Ergo, we support the aching family members and suggest that the regulations laid out by the Pakistan Medical and Dental Council for medical negligence in their Procedure for Complaints Against Medical and Dental Practitioner Part V be implemented. Respect for patient well-being needs to be better shown and their dignity afforded.

Ours is a system that only functions in a reactionary manner. The doctor's arrest was made only after surmounting pressure from the family's angst, stressed prior to the incident due to their child's life-threatening ailment, but that is haphazard and unreasonable. A court summons and deposition should be required of medical practitioners through a due process instead of direct arrest to pacify irate families. Families should be able to report cases with ease and encouraged to make their argument in front of a court. Having a viable system would eliminate the need for violent protests. Better education and more awareness on medical ethics is also a critical area for improvement.
(By Editorial The Express Tribune, 16, 01/10/2018)

Smoking scourge

IT is encouraging that action is being taken on an issue that has for long been relegated to the back burner. According to recent news reports, the federal health services minister, Aamer Kiani, has written to the chief ministers of all four provinces about the need to apply more stringently the law on enlarged pictorial health warnings on cigarette packets. Suggesting a crackdown, one of the letters — to the Punjab chief minister — notes that the use of tobacco products causes the deaths of some 160,000 people every year across the country. Almost 23.9m adult Pakistanis use the leaf in some form or the other, and the economic cost resultantly incurred by the national economy stands at a staggering Rs143bn. Pointing out that under the targets, that are in line with the UN SDGs, the country is obligated to reducing one-third premature mortalities from non-communicable diseases, Mr Kiani noted that tobacco use is the leading preventable risk factor from NCDs. He added that under SDG 3(a), Pakistan must strengthen the implementation of the Framework Convention on Tobacco Control.

The most frustrating aspect of the war of attrition that Pakistan must continue to wage against the use of tobacco is that at least on paper, the laws have been framed and are available. Section 4 of the Cigarettes (Printing of Warning) Ordinance, 1979, prohibits the manufacture and/ or sale of cigarette packets that do not carry health warnings as prescribed by the government. Similarly, as recently as December, the health ministry prescribed enlarged pictorial health warnings for tobacco packaging, a notification that came into force in June this year. These are part of a network of laws and directives that includes bans on smoking in public places, the sale of tobacco to minors, the sale of loose cigarettes etc. Even so, violators are legion, and smoking continues to entrap millions. This is a battle that the country can simply not afford to give up on.
(By Editorial Dawn, 08, 02/10/2018)

Mental health

'YOUNG people and mental health in a changing world' — the theme for Mental Health Day 2018, which falls tomorrow, is particularly relevant to Pakistan. Around 30pc of our population is between 15 and 29 years old. For this age bracket the world over, suicide is the second leading cause of death; and for each person who puts an end to their life, there are many others who attempt the same. That means millions of young Pakistanis suffer from mental distress that is severe enough to be cause for concern, even if they do not resort to extreme measures. This is a critical phase in the psychological timeline of an individual's life. It is when people — regardless of which part of the world they live in — often experience identity crises; when they are trying to reconcile their aspirations with their reality; and when interpersonal relationships can take a toll too hard for an immature psyche to bear.

Then there are added stressors in countries like Pakistan, with its social inequalities and conservative mores. For one, there is an acute disconnect between the older generation and younger people who have far more exposure to the world through the internet and the media. A young person's desire to exercise individual choice in matters related to marriage, career, sexuality, etc is often seen as an act of rebellion that must be suppressed, by force if necessary. Secondly, a huge segment of the youth belongs to the lower socioeconomic strata with few opportunities for career advancement, which is a vital aspect of a positive self-image. Instead, economic insecurity compels many of them to abandon their education, if they had access to it in the first place, and work dead-end jobs to support their families. The anger arising from unresolved frustrations can turn inwards, leading to self-loathing and depression. Thirdly, specifically in the context of Pakistan in recent years, countless families have experienced social upheaval from internal displacement, whether as a result of natural calamities or military action; there is also the emotional fallout of living in a society wracked by terrorist violence. Such conditions affect everyone, regardless of age or gender, but young people are especially

vulnerable. As always, the lack of understanding about mental illness and the stigma associated with it are the biggest obstacles to timely intervention. However, the future of this country is inextricably linked with the mental well-being of its younger generation.
(By Editorial Dawn, 08, 09/10/2018)

CM seeks support of officials, civil society to eradicate polio, measles from Sindh

Sindh Chief Minister Syed Murad Ali Shah has reiterated his resolve to eradicate polio and measles from the province by intensifying vaccination campaigns and launching awareness drives. “I am trying my level best to make healthy, wealthy and cleaner Sindh, but this goal could be achieved when everyone within the government and in civil society supports us,” he said.

Presiding over a meeting of the provincial task force for polio eradication here at CM House on Tuesday, he also highlighted the need to improve our health indicators by taking multi-sectoral interventions, including improvement in nutrition, provision of clean drinking water, waste management and to educate people on health issues.

Earlier, provincial emergency operation centre coordinator Fayaz Jatoi briefing the chief minister said that in 2018 no polio case has been reported in the province and last year two cases were reported in Karachi’s Gulshan-i-Iqbal and Gadap towns.

He was further informed that poliovirus isolated from environmental sites, taken from sewerage system, indicated ongoing virus transmission.

Though poliovirus persists in several areas, no polio case emerged in Sindh this year
In Karachi samples are taken from 11 sites every month. In September, Sohrab Goth (Gadap, Chakora Nullah), Gulshan, Mohammad Khan Colony (Baldia, Orangi Nullah), SITE came positive while in rural areas of Sindh samples taken from six sites in Jacobabad came positive.

In response to a question, the chief minister was told that the number of missed children due to refusals and non-availability of children at home in the September anti-polio drive was recorded at 215,463 — 96,906 not available and 118,557 refused.

In rural areas of the province, the number of missed children was recorded at 94,875 in September — 88,464 not available and 6,411 refusal cases.

The chief minister said frequent positive samples in Jacobabad and Qambar were not a good sign, which could be due to seasonal population movement to and from Karachi and Quetta and drought-related population displacement from Tharparkar and Umerkot to other parts of the province. He directed the task force to devise a strategy to control the situation effectively.

Urging the deputy commissioners, being present in the field, to take leadership role to control increasing community resistance to polio vaccination, the CM directed Health Minister Dr Azra Pechuho to improve the performance of the district and taluka health officers in some districts such as Malir, West, Central, Jacobabad, Qambar, Sujawal and Matiari, where frequent positive environmental samples were found.

He also expressed his displeasure over inadequate support from the directorate of private schools and directed the education department to talk to them to cooperate with polio teams in administering polio vaccine to their schoolchildren, otherwise strict action be taken against them.

Measles cases rise
The meeting was also told that measles cases had shown an increase during the last four years. In 2015, 1,175 suspected measles cases were reported, of them 281 were found confirmed and eight patients died. In 2016, out of 3,421 suspected cases 1,729 were found confirmed, of them 19 died. In 2017, 5,779 suspected cases were tested, of them 3,086 were found confirmed and 35 died and in 2018 suspected cases increased to 7,778, of them 788 have been confirmed and 122 have died.

Terming the situation quite alarming, he called for a thorough investigation into the causes of a measles outbreak and said that the health department must do its investigative work and simultaneously, a vigorous and focused campaign for measles vaccination be launched.

Those present at the meeting included Health Minister Dr Azra Pechuho, Chief Secretary Mumtaz Ali Shah, principal secretary to CM Sajid Jamal Abro, provincial secretaries of local government and health, Karachi Commissioner Saleh Farooqui, additional IG Karachi Dr Ameer Shaikh, WHO team leader Dr Abdi Rehman, Unicef team leader Lieven Desomer, BMGF team leader Dr Altaf Bosan, Rotary International chair Aziz Memon, all divisional commissioners, deputy commissioner of Karachi and others concerned.
(By The Newspaper's Staff Reporter Dawn, 15, 10/10/2018)

‘Clean hands — a recipe for health’

The world observed ‘Global Hand-washing Day’ on Monday to sensitise people about hand-washing habits, but this issue, which is also being debated on the floor of United Nations (UN) General Assembly, was completely ignored in Pakistan. “Around 40% diseases can be reduced if hands are properly washed at critical times,” said water expert, Nadeem Ahmed, while referring to international studies on the issue.

Work on health policy underway: minister

Although the federal government led by Pakistan Tehreek-e-Insaf (PTI) has taken up the issue of 'Clean and Green Pakistan' and promises to start massive plantation of trees, establish toilets, mobilise the masses about hand-washing and resolve the drinking water issue, nothing could be seen, especially in Sindh, on October 15, which is marked as the International Day for Hand-Washing.

The concept of "hand-washing day" started in 2008 when world leaders discussed it at length in Stockholm, Sweden. They later fixed October 15 as the International Day of Hand-Washing, with the consent of UN General Assembly. "Among other developing countries, Pakistan is bound to improve water, sanitation and hygiene issues. This year's theme is clean hands – a recipe for health," said Ayesha Javed, a civil society activist who works extensively work on water, sanitation and hygiene issues. The lack of awareness about hand-washing contributes to the large scale deaths, she believes. "The practice of washing hands with soap can prevent and control such diseases," she said.

"More than 10,000 schools are without lavatories. Students, especially girls, are compelled to return to their homes whenever nature calls them," said Inamulh Haq, a retired professor who used to teach environment at Sindh University. The negligence on this issue can be gauged from UN Educational, Scientific and Cultural Organisation's Global Education Monitoring (GEM) report released last year. The report revealed Pakistan government's failure to provide quality education and said, "lack of sanitation, low level of spending on education and lack of regulation of health and safety measures are among other reasons for it."

Health, education is priority: Punjab CS
Not only this, the provincial government itself has accepted its fault. The then education secretary, Dr Iqbal Durrani, while appearing before the judicial commission on water, had said that, "Around 100,000 students leave school in the first month every year owing to the absence of basic facilities coupled with water and sanitation facilities," he remarked.

On the other hand, President Arif Alvi's spokesperson said, "The incumbent government knows better about it and has taken up this issue seriously. It has hardly been two months. Let's give it time to prove."
(By Hafeez Tunio The Express Tribune, 05, 16/10/2018)

Experts demand implementation of healthcare law to end quackery

Sharing their concerns over how rampant quackery in the province has seriously jeopardised public health, speakers at a seminar have demanded that the government implement the Sindh Healthcare Commission Act, 2013, which includes all relevant clauses to end quackery and regulate healthcare facilities.

The seminar, titled 'Quackery in Sindh', was organised by the Pakistan Medical Association (PMA) in collaboration with Helpline Trust here on Wednesday.

The programme started off with a presentation on the subject by Dr Abdul Ghafoor Shoro. He explained that unchecked quackery had greatly contributed to the spread of diseases as well as to the havoc caused by drug resistance.

Sharing some statistics, he said: "A survey conducted in 2014 showed there are about 200,000 quacks in the country, one third of which, between 70,000 and 80,000, are operating in Karachi."

Around 70,000 to 80,000 quack doctors are operating in Karachi
Referring to PMA's efforts, he said that the association's anti-quackery committee was able to identify some quacks but found that the fake doctors were registered with the Pakistan Medical and Dental Council (PMDC).

He held government institutions, the PMDC, doctors, pharmaceutical companies, media and non-government organisations responsible for the situation.

"Media run all kinds of health advertisements without inquiring about the credentials of health practitioners and status of healthcare facilities. We have also seen that some NGOs recruit quacks to conduct surveys," he observed.

He called for a scientific approach towards health issues, emphasising the need for collecting data on quackery.

"We all need to raise voice against this menace. The government must enforce anti-quackery laws and regulations without wasting more time," he concluded.

Alarming rise in public health challenges
A number of doctors participated in the discussion and there was a general consensus that public health challenges had increased multiple times mainly on account of government neglect towards provision of basic health facilities and lack of enforcement of law. These challenges, they pointed out, included increased quackery, mushroom growth of substandard healthcare facilities, diagnostic laboratories and blood banks.

PMA secretary general Dr Qaiser Sajjad talked about the risks involved in common public practices, for instance ear and nose piercing, and underlined the need for creating awareness.

"People generally don't know that they could contract serious infection through infected needles. Besides, the practice of applying the used equipment on other patients is quite common among quacks," he said.

Sharing concern on antimicrobial resistance, Dr Sajjad said drug misuse was a common practice among quacks and a major factor contributing to drug resistance.

“Diseases, for instance typhoid and tuberculosis, easily curable through regular medicines, are difficult to manage if their specific germs develop resistance against drugs.

“In cases of drug resistance, treatment becomes costly, prolonged and negatively affects not only the patient but the whole family. And, we know that cases of drug resistance have become quite common,” he observed.

Former PMA president Dr Shaukat Malik was of the opinion that 50 per cent increase in diseases especially hepatitis was linked to quackery.

“There is an alarming situation and we are actually sitting on a time bomb. Doctors are unable to treat an increasing number of patients with regular medicines due to drug resistance. Consequently, they have to use costly third and fourth generation medicines,” he said.

He regretted slow pace of government on the issue and said if it continued with the same laid back attitude, public health crisis would worsen. There was an immediate need to set up task forces checking quackery in every nook and corner of the province and “there is no hope unless work is done on a war-footing basis”.

Open quackery
Dr Jaipal Chhabria, a senior consultant eye surgeon, referred to the Ranchhore Line area where a whole market was being run by quacks offering solutions to different health problems.

He questioned the state authority, regretting that poor patients mishandled by these quacks often turned to doctors after damaging their health and wasting resources.

The audience was also informed about a mobile phone application currently being developed which could help them know whether their consulting doctor, hakim or homeopath was registered with their respective councils and authorised to practice.

A pertinent point raised during the programme was related to doctors’ high fees that forced many patients to compromise their health and opt for non-qualified doctors offering their “services” at a much lesser fee.

Advisor to the Chief Minister on Law Barrister Murtaza Wahab also attended the event.
(By Faiza Ilyas Dawn, 15, 18/10/2018)

Two new polio cases confirmed

Two cases of polio were confirmed by Polio Virology Laboratory at the National Institute of Health here on Wednesday.

The two cases involve a 42-month-old girl from Gadap Town, Karachi, and a 55-month-old girl from Khyber tribal district, Khyber Pakhtunkhwa. The laboratory detected poliovirus from their stool samples on Oct 1 and Sept 30, respectively.

“Though the girls have been infected with poliovirus, they have not been afflicted with paralysis, which shows their immunity level was high as they were getting polio vaccines regularly. However, they were not given the Inactivated Polio Vaccine (IPV),” said Prime Minister’s Focal Person for Polio Eradication Babar bin Atta.

“The girl from Karachi fell while playing and was taken to hospital as her relatives thought her hip joint had been dislocated. The girl from Khyber was brought to a hospital with the complaint of facial palsy.”

With the two new cases, the total number of polio cases detected so far this year in the country has reached six.

Oral Polio Vaccine (OPV) contains alive but weak virus and used to improve the immunity level of children. IPV, which consists of killed virus and administered through injection, makes a child totally immune from the virus of crippling disease, but it is costly.
“The condition of girls shows the success of the polio programme as immune system of children has been enhanced in Pakistan,” he said.

A statement issued by the Ministry of National Health Services states that fortunately both girls had received multiple doses of the OPV which boosted their immunity and protected them from a life-long paralysis.

“Poliovirus has been continuously found in the sewage waters of Peshawar and Karachi for the past 12 months. The programme will continue to focus on clearing these two remaining reservoirs from the virus with full force,” it stated.

National Coordinator for Polio Eradication Dr Rana Safdar said in a statement that the multiple vaccine doses gave the children the immunity boost to fight off the poliovirus attack.

“They have no residual weaknesses and will live like normal children. It is important for every under five-year-old child to be vaccinated in every round, so immunity levels are high enough to fight off the virus in its entirety,” he said.

Earlier this year, three polio cases were reported from Dukki district of Balochistan, while one case was reported from Charsadda district of KP. Being fully vaccinated in routine and door-to-door campaigns, the Charsadda child had also escaped paralysis.
(By Ikram Junaidi Dawn, 03, 18/10/2018)

1,500 doctors to be hired without SPSC exams

The Sindh government has planned to appoint 1,500 doctors bypassing the examination of the Sindh Public Service Commission (SPSC) for immediate relief across Sindh, said a statement on Friday.

“With a view to providing immediate medical relief across Sindh the government of Sindh has decided to appoint 1,500 doctors without written examination,” the statement quoted Adviser to the Sindh Chief Minister on Information, Law and Anti-corruption Barrister Murtaza Wahab as saying.

“Procedure adopted by Sindh Public Service Commission is time consuming and the Sindh government wanted to provide relief to the masses of Sindh without wasting time.”

He said that initially these doctors including specialists and MBBS would be appointed on contract basis.

The provincial cabinet had already approved the appointment of doctors in its last meeting, he added.

“The degrees of doctors will be checked thoroughly under due process before the appointment,” he said.

The doctors appointed will also be required to pass the SPSC examination later.

The appointment of doctors will start soon and in this regard necessary instructions have been issued to the health department.
“This decision would help fill the requirement of doctors in the province to large extent.”
(By The Newspaper's Staff Reporter Dawn, 16, 20/10/2018)

For universal healthcare

PROVIDING as many medical services, as equitably as possible and for the greatest number, defines universal healthcare (UHC).

The idea evolved in Germany and the UK that navigated social movements through industrialisation, depression and wars. Much political economy debate and policy evolution shaped the UHC that we now see.

The rise of multilateralism in health has increased expectations everywhere. Many economists now argue that healthcare is a public good. The UN ranks ‘good health and well-being’ third on its list of 17 SDGs for 2030. One target is “to achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all.”

Sounds idealistic; even laughable. Financial risk protection and access for all means funding commitments and insurance protection, which requires huge government spending. Rising medical costs globally due to advancing technology, disease prevalence and demographics are already leading to worsening health inequalities. In Pakistan, nearly three quarters of all health services come from the private sector, against out-of-pocket payments. This excludes the overwhelming majority. Besieged with pitiful budgets spread thin, a depreciating currency, eroding affordability, doctors’ protests and a crumbling infrastructure, it’s all about finance. Or so it seems.

Some nations have delivered basic healthcare for all at low cost through effective public policies.

Developing nations use the excuse of lack of resources for failures in healthcare. This is not unfounded, but evidence points more to the lack of political will, coherent policy and implementation capacity. A clear understanding of the path to progress has not matched the rise of UHC as a development goal.

And yet, some nations have delivered decent basic healthcare for all, at low cost, through effective public policies. Thailand’s political determination led to cheap, reliable healthcare for all, advancing health achievements and reducing inequalities. It went from insurance coverage for a quarter of the population (through the state or employment, with the rest making out-of-pocket payments) to universal coverage where the patient pays a nominal amount.

Sri Lanka, China, and the state of Kerala in India are worth mentioning. Rwanda, rebuilding from its 1994 genocide, established inclusive health systems with equity-focused policies stimulating shared economic growth. The experience of Mexico and Brazil having implemented UHC also offers good lessons. None are perfect, but coverage has expanded with limited means.

If funding is a barrier, how do low- and middle-income countries fund UHC? Ultimately, there are only two options: state funding from tax revenue, or some form of insurance. Fundamental models are outlays from general tax revenue (the UK, Canada) or statutory national social health insurance (Germany, France, Japan). Other models mix state funding and private insurance

(Singapore, Australia). In the US, people purchase private insurance (at times paid by employers), while government support is limited to partial coverage for seniors, the disabled and the poor.

Sole reliance on tax revenue in Pakistan would be naïve. Public spending on healthcare in its current form is set up for failure. In the hands of the provincial governments with their vastly divergent means and capacities, it is a clear case of moral hazard. As elsewhere, Pakistan must urgently consider its policy alternatives. Other ways of financing healthcare need to be found, and current expenditures raised and redirected.

First, a social health insurance (SHI) programme can be designed. Define who pays into the programme, how much, and covering which services. Identify population segments and income levels for mandatory contributions and coverage, while subsidies fund contributions of the poor. User support and feedback for such an initiative must be carefully cultivated to allow design improvements. It must therefore be rolled out as a pilot plan and gradually scaled up nationwide. Many forms of national SHIs exist which can be studied but caution is urged against viewing these merely as financial products, and leaving them to the financial sector to make hay. Where SHIs have worked well, it has taken extremely meticulous work and tough and transparent negotiations from governments to lay out the terms and conditions. First, SHIs only work if they are designed, implemented and perceived as a mechanism under a well-crafted UHC strategy.

Second, existing public outlays need to be spent wisely. Public-health experts can devise value-based priorities. Some facilities may be consolidated for more cost-effective delivery. Minimum user-payments, not uncommon elsewhere, combined with public funds, can make a difference. Basic level healthcare is labour-intensive, generally inexpensive in the developing world, and can be an advantage if deployed efficiently. As UHC also focuses on primary medical attention and on inexpensive outpatient care, facilities can be reconfigured to remove inefficiencies and inequalities in the distribution of resources.

Third, private-sector participation must weigh in. With restricted budgets, governments are looking to the private sector for better service quality at equal or lower costs, for the number of people served. Long-term contracts with performance targets have shown to improve health outcomes and achieve health policy objectives. Governments can contract with operators to run existing public health facilities (providing both clinical and non-clinical services, or specialised clinical services only) for availability-based or performance-based payments. Where possible, operators may be incentivised to also treat private patients and reduce the burden on subsidies. The private sector may also be given concessions to build, own and operate health facilities. This is more capital-intensive hence expensive, but necessary where new and critical infrastructure is to be added.

Other innovative mechanisms can be conceived to fund UHC. Given Pakistan's affinity for charity and philanthropy, I propose a dedicated fund to route voluntary zakat donations for UHC needs. This will require an independent board of trustees and strong oversight. Examples of Indus Hospital, SKMH, SIUT and others show that donation and dedication are an angelic mix. As is routing corporate social responsibility funds for UHC and offering tax incentives.

The case for UHC will remain incomplete until governments accept that financing is not a problem, but a solution for unforgivable health inequalities.
(By Haseeb Ullah Siddiqui Dawn, 08, 22/10//2018)

Nurses' protest hits health delivery system across Sindh

Nurses from various hospitals in the city and elsewhere in Sindh on Monday stopped working in medical facilities across the province, paralysing work in many health facilities and causing delays in surgeries.
Hundreds of nurses, meanwhile, staged a sit-in outside the Karachi Press Club to press for the acceptance of their demands, which they said had long been ignored by the government.

Sindh Health Minister Azra Pechuho, meanwhile, said the government would accept some of the "legitimate" demands of the protesting nurses.

The protest was organised by the Joint Nurses Action Committee (JNAC), which said they had stopped working in hospitals of Sindh except for emergencies and ICUs and their protest would continue till their long-standing demands were met.

Minister says some of the protesters' demands will be accepted
The JNAC is a conglomerate of the Young Nurses Association, Pakistan Nurses Association and Private School Nursing Association.

The minister said at a press conference that certain demands of the nurses would be accepted. "We cannot accept all their demands, but some of them, which are genuine and justifiable," she said. The boycott gravely affected the public hospitals in Karachi and other parts of Sindh.

Certain operations were delayed in many hospitals. However, officials at the Jinnah Postgraduate Medical Centre (JPMC) said they had managed to conduct all scheduled surgeries for the day, yet it would be hard to cope with the situation in the future.

"It will be difficult to provide better healthcare to patients without nursing staff if this boycott persists," said Dr Seemin Jamali, executive director of the JPMC.

Other hospitals reported a similar situation where nurses were present in emergencies and ICUs but had stayed away from the rest of the facilities.

The protesters kept chanting slogans against the relevant authorities and held banners and placards inscribed with their demands. The JNAC said around 1,000 nurses from the rest of Sindh joined the protest in Karachi while many others had chosen to stay away from their jobs.

Representatives of the protesters met the deputy commissioner of Karachi South and an additional secretary of health ministry. However, as they claimed, initial negotiations did not succeed.

Firdous Naqvi visits camp
Firdous Naqvi, Leader of the Opposition in the Sindh Assembly, also visited the protesting nurses' camp. He criticised the Sindh government for ignoring their demands, which he called legitimate, adding that his party [the PTI] would raise its voice in the assembly on the issue.

The JNAC representatives spelled out their 10 demands, which they asked the government to accept and implement immediately. Their demands are: Approval of a five-tier formula for nurses; release of health professional allowance; implementation of the decision of the Pakistan Nurses Council and the Sindh ombudsman regarding holding a special examination to save the future of 400 nursing students; raise in the stipend of nursing students up to Rs20,000 per month, equal to Punjab and Khyber Pakhtunkhwa; permission of DDO powers to nursing schools; establishment of a nursing university; appointment of 14,000 new nurses by creating new posts; appointment of additional secretary technical in the health department from the nursing cadre; following the announcement of the Sindh Public Service Commission regarding positions of controller and deputy controller; and cancellation of selection during election of the Pakistan Nursing Council from Sindh.

They said they had presented the demands to the health ministry but they had been constantly ignored.

They said unlike Sindh, the provincial governments in the other three provinces were upgrading nursing profession and offering them incentives.

"But the Sindh health ministry has not taken any practical step to address our issues so far," said a protester.

Nurses said there was no mechanism to promote nurses in Sindh as most of them appointed in grade-16 retired in the same grade. They said after a protest in 2017, the Sindh health ministry had formed a committee, but its recommendations too were not entertained.

"We had written about our problems to the Sindh CM and we had received a positive response from him. But the health ministry did not follow the CM's clear instructions in which he had asked them to solve our issues," said a JNAC leader.

The sit-in was continuing till late Monday evening. The protesters said it would continue till their demands were met.
(By Hasan Mansoor Dawn, 15, 23/10/2018)

World Polio Day: Fighting the disease two drops at a time

Rotary Ambassador for Polio, Aseefa Bhutto Zardari, commemorated World Polio Day at the Emergency Operation Centre (EOC) for polio and inoculated children with two drops of the polio vaccine.

Eight-day polio immunisation drive to kick off in Quetta, Pishin from Monday
EOC Coordinator Fayaz Jatoi and Sindh EOC Technical Focal Person Dr Ahmad Ali Shaikh welcomed her to the cell. Also present were EOC Provincial Coordinator Shahnaz Wazir Ali, Aziz Memon of Rotary International Pakistan, United Nations International Children's Emergency Fund (UNICEF) Sindh Chief of Field Office Christina Brugiolo, EOC National Technical Focal Person Dr Altaf Bossan and representatives of the World Health Organization (WHO) and UNICEF.

World Polio Day is celebrated on October 24 every year and is an opportunity to raise awareness about the disease. Pakistan and Afghanistan are the last two countries in the world which are still polio-endemic but significant progress has been made with fewer cases reported in Pakistan in 2017. This shows that the country is taking concrete efforts to eradicate polio and the day is not far when we will have a polio free world.

During the ceremony Aseefa distributed gifts among children and conversed with their families. There was also a cake cutting ceremony to mark the occasion. She appreciated the efforts made by the Sindh Polio team for the eradication of the virus. "Pakistan has come a long way in polio eradication, from 306 cases in 2014 to 6 cases this year, this shows that vaccines work and that we are close to eradicating polio from this country," she said.

She thanked the people working tirelessly at the EOC. "It is their efforts that have brought the country to the brink of polio eradication. No child should have to suffer from a vaccine preventable disease." Aseefa also appealed to parents to vaccinate their children with two drops of the polio vaccine. "As we celebrate world polio day, I also want to thank the women working at the frontline of this programme, their efforts and sacrifices have brought us success and without them nothing was possible," she said.

One martyred as polio team attacked in Bajaur
After the ceremony, Aseefa tweeted, "On #WorldPolioDay we recommit ourselves to the eradication of polio in Pakistan.

We must protect every child from this crippling disease. It was the dream of my mother Shaheed Mohtarma Benazir Bhutto to see a polio free Pakistan and it has become my mission to make her dream a reality."
(By Our Correspondent The Express Tribune, 05, 25/10/2018)

Pakistan's health sector far behind in region: WHO

Though Pakistan has shown improvement in the health sector the last 18 years, it needs to do a lot more as the country is far behind in the region and across the globe, a World Health Organisation (WHO) report launched on Tuesday says.

The report titled Sustainable Development Goals (SDG) 3: Localisation in Pakistan, which was compiled in collaboration with the National Health Services (NHS), says the maternal mortality rate in the country was 290 per 100,000 live births in the year 2000 which has dropped to 160.

However, the SDGs require it to be reduced to less than 70 per 100,000 live births by 2030.

Skilled birth attendance was 23pc in 2000 and is currently at 69pc but the SDGs require them to be over 95pc by 2030. The under-five mortality rate was 112 per 1,000 live births in the year 2000 and is currently at 75 but has to be reduced to less than 25.
Incidents of tuberculosis were 275 per 100,000 people in 2000 and are currently at 269 but have to be reduced to 54 by 2030.
The probability of dying from cardiovascular disease, cancer, diabetes and chronic respiratory disease between the ages of 30 and 70 was 24.8pc in 2000 and is currently at 24.7pc but has to be reduced to 17pc by 2030.

The country has made sub-optimal progress towards achieving MDGs, SDGs, parliamentary secretary says
Parliamentary Secretary of NHS MNA Dr Nausheen Hamid said Pakistan had made a sub-optimal progress towards achieving the Millennium Development Goals (MDGs)and now the SDGs.

She said the NHS ministry considered the SDGs the national goals of Pakistan and was committed to achieving SDG-3 through its localisation and integration with the country's health strategies and plans at the national and provincial levels.

The first step towards attaining SDG-3 in Pakistan starts with understanding the ground realities today, she said.

"The health indicators are not up to the desired level and we all need to work very hard to achieve SDG-3 through the universal health coverage. The ministry has completed the process of localisation of health related SDG indicators in consultation with all relevant stakeholders and partners both at the national and provincial levels," she said.

"The ministry seeks close cooperation with line ministries to monitor progress in SDG-3 indicator. We especially request the Pakistan Bureau of Statistics to work in collaboration with the ministry on data sharing and analysis," Dr Hamid said.

NHS Director General Dr Asad Hafeez said that by adhering to the SDG Agenda 2030, the country aimed to bring about transformational change in 17 domains covering multiple sectors to improve the lives of the citizens of Pakistan and contribute towards the betterment of all humanity.

He said SDG-3 is aimed and ensuring healthy lives and promoting the well being of all at all ages and that it is the pivot that will drive the SDG agenda in Pakistan due to its centrality to human development.

Dr Hafeez said it is a notable achievement for Pakistan that it is one of the first countries to complete the localization process which is a fundamental first step towards achieving SDGs by 2030.

Head of WHO Pakistan Dr Ni'ma Abid Saeed appreciated the political commitment of the government.

"WHO defines health as a state of complete physical, mental and social well being and not merely the absence of disease or infirmity," he said.

He added that monitoring health trends and strengthening health information systems are among the core functions of WHO and for which the organisation is committed to work closely with the Pakistani government.

WHO is committed to support all stakeholders for SDG-3 implementation and forth coming voluntary national review, he said.
(By Ikram Junaidi Dawn, 04, 31/10/2018)

Mental health needs

In a written reply to a series of questions posed by parliamentarians, the National Health Services minister informed the National Assembly on Wednesday that there were no federal government-run dedicated mental health hospitals or institutes in the country.
Between Pims, Polyclinic, Federal General Hospital and the National Institute of Rehabilitation, only Pims has a functional psychiatry department.

The number of mental health patients registered at Pims is staggering: about 39,000 in 2017.

This figure accounts only for those able to access such services at one facility in the federal capital.

So when the minister states that the prevalence of mental health disorders is considerably less than commonly estimated (ie one-third of the population), the question that naturally arises is: are we stumbling in the dark when it comes to an issue that WHO considers a public health priority for developing countries?

The answer, to a large extent, is yes.

It was only in 2001, through the Mental Health Ordinance, that the issue was reframed as a disease, a shift from the colonial-era praxis of treating it as a sign of criminal deviancy.

Since devolution, most of the provincial legislatures have passed the MHO.

Yet, in the past 17 years, such laws have remained virtually unimplemented.

Between the stigma of mental illness, the lack of quality mental health provisions, and the threat of cruel, unsafe 'treatments' that still persist, and that are exacerbated by a range of psychologically destabilising socioeconomic factors, Pakistan will continue to suffer from a high disease burden and its concomitant impact on the economy.

A course correction away from this bleak path will require informed decision-making — through research, yes, but also through increasing awareness and sensitisation among public health policymakers, guided by mental health advocates.

While specialist capacity building is needed, any mental health policy ought to prioritise and approach this issue holistically by focusing on entire populations, instead of the medical needs of a particular subset of individuals.

Such a policy must focus not only on providing quality mental healthcare at the tertiary level, but also building capacity at the primary and secondary levels — from prevention, to early detection and treatment, to rehabilitation.

Speaking to the Assembly, the NHS parliamentary secretary said that this government is in the process of developing such a policy. The hope is that this matter is treated with the urgency and importance it deserves.
(By Editorial Dawn, 08, 09/11/2018)

Anaesthesia safety in Pakistan

When I introduce myself as an anaesthetist/anaesthesiologist at social functions, I either get a blank look or a comment "Are anaesthesists doctors?" Or someone comes up with their or their relative's horror stories regarding anaesthesia.

"My relative went for a simple operation but never woke up; the surgeon said it was the anaesthesist's fault."

"My friend had a Caesarian section under general anaesthesia and she was awake and felt pain throughout."

"I have had several operations, each time I had so much vomiting, it was a horrible experience."

The complaints are endless. Are these misconceptions or reality? Is it safe to undergo anaesthesia in Pakistan? What is the myth and what is the reality!

Anaesthesia is still a field of medicine which is shrouded in mystery for the patients and their relatives. Even those working in the medical field which includes our surgical colleagues, do not completely understand the specialty and the role of the anaesthetist. For the patient an anaesthetist is someone who approaches them in a hurry first time before surgery, does a quick examination, asks a few questions and then disappears. He/she reappears again in the operating room, wearing a mask, a scrub suit and an injection in hand, who tells them that they will be off to sleep in a few seconds. Few remember the face of this nameless figure. For many of them this person holds the status of a technician working in the operating room. In my opinion the profession itself is to blame as well. If we take a few minutes to explain the importance of this specialty, its role in patient safety and surgical well-being at the time of our preoperative visit, the perceptions will change.

Anaesthesia is actually a medical specialty like any other specialty in Medicine. Anaesthetists/anaesthesiologists today have extensive responsibilities both inside and outside the operating room. Their current role has expanded from inside the operating room to managing patients in critical care areas, painless deliveries, pain management beyond the operation theatre, risk assessment and safety and quality management.

In the operating room and immediate postoperative period they are the specialists in perioperative medicine who look after the medical wellbeing of their patients. The effects of anaesthesia techniques and the mixture of drugs used, have to be assessed and planned for each individual patient undergoing surgery minor or major. They also manage any medical complications that arise during this period.

Modern anaesthesia given by a qualified trained anaesthetist is considered virtually risk-free. Perioperative mortality, ie, risk of death while undergoing surgery is less than one per 10,000 anaesthetics, a risk much less than crossing a busy road in Karachi traffic. However this figure may not hold true in Pakistan as well as many other middle and low income countries (LMIC). In 2012 a publication in *Lancet*, a reputable international medical journal, showed evidence that in LMIC this risk is much higher than developed countries. Why have developed countries reduced the risk but not us? One reason is by incorporating safety standards and safety guidelines in their everyday clinical practice. Safe anaesthesia requires a trained safe workforce and availability of a range of drugs, gases and equipment. The apparatus and machines used need to conform to International

Standards and undergo regular service and maintenance by qualified engineers. Safety also requires safe hospital systems and incident monitoring. In our current environment these may be up to mark in some major centres but lack in many other smaller urban hospitals and in the periphery.

The World Federation of the Societies of Anaesthesiologists represents 135 anaesthesia societies from around the world. They came up with International Standards for the Safe Practice of Anaesthesia in year 2010. These have recently been revised and republished in 2018 and are endorsed by the WHO. The standards apply to all anaesthesia providers around the world, and have been matched with the facilities and infrastructure of rural district or referral hospitals. The standards refer to professional aspects, facility, equipment, medication safety, monitoring and conduct of anaesthesia.

Implementation of these standards by the decision-makers in the government is now the need of the day and will help in improving anaesthesia safety nationally. In addition, the responsibility of putting things right rests on all of us as well. Even a lay person can play their role in asking their surgeon and hospital whether they have provision of proper anaesthesia facility and a trained anaesthesia doctor before they undergo anaesthesia. Safe surgery and anaesthesia is your right and should not be left to chance alone in this day and age.
(By Dr Fauzia Khan The Express Tribune, 17, 11/11/2018)

Emergency care

THE quality of emergency care in a country has a direct impact on the number of lives saved, whether in case of critical injuries or life-threatening illness. As a symposium last week at Karachi's Aga Khan University Hospital revealed, we fall far short of even a remotely reassuring situation. The statistics are downright alarming: for a population of over 200m, we have only nine qualified emergency medicine specialists. Shortage of resources, training in emergency care and accessibility for patients in need constitute major gaps in this branch of medicine, and worsen an already dire situation. In Pakistan, lack of awareness compounded by difficulty in accessing primary care providers can result in illness reaching a critical stage before medical attention is sought. We are also no strangers to mass casualty incidents, such as road accidents and terrorist attacks that can overwhelm ill-equipped facilities in areas outside urban centres. The absence of a triage system, which prioritises patients according to the seriousness of their condition, costs dearly in such situations.

Emergency medicine should be an integral part of a healthcare system. In Pakistan, however, where the government spends a measly 0.9pc of its budget outlay on health expenditure, the system often from the outset fails those who do not have time on their side. First of all, most ambulances are rudimentary, essentially meant to transport patients to hospital rather than initiate life-saving measures en route. Second, most hospitals lack properly equipped emergency departments; CT scan and MRI facilities, ventilators, or even a functioning ICU may not be available. As a result, patients are referred to other, comparatively better-equipped hospitals, thereby losing precious time. Third, these departments — as mentioned during the recent symposium — are not usually run by personnel qualified to undertake this specialised task; instead, they are helmed by doctors belonging to other disciplines. Expense is also a vital consideration: most people cannot afford private hospitals that might, in some cases, have a higher standard of critical care, and they have to settle for government-funded facilities. Unfortunately, it may be some time before we are up to scratch. Emergency medicine is a relatively new field in this country, and the Centre for Physicians and Surgeons Pakistan's training programme in the discipline is still a work in progress. Healthcare reforms and policies must incorporate the requirements of this vital branch of medicine upon which hinges many a life-and-death situation.
(By Editorial Dawn, 08, 13/11/2018)

Karachi's suburbs deprived of basic healthcare facilities

Almost all the 42 dispensaries in the areas falling under the Karachi District Council have been lying idle for years, depriving the suburban areas of basic health facilities. The district council comprises 36 union councils that represent different suburban areas of Karachi, including Ibrahim Hyderi, Rehri, Shah Latif Town, Ghaghar Patak, Gulshan-e-Hadeed, Darsano Chano, Khathor, Memon Goth, Dunba Goth, Manghopir, Mai Ghari and many areas of Kemari Town.

The people living in these areas are faced by multiple challenges such as health, water and sanitation, education and poor road infrastructure. "This year, the district council passed a budget of over Rs2.5 billon. The same amount was allotted last year. No significant development has taken place except for the unveiling of a plague of schemes, the fate of which is not known," said Abdul Latif Rind, a member of the opposition party.

According to officials, the dispensaries were meant to provide treatment to people and while funds were allotted for this purpose, in reality it has made little difference. "I have personally seen dispensaries in Siddiq Jokhio Goth, Waleed Salar, Aachhar Salar and Darya Khan Johkio Goth that have not been functioning since 2002. It is the same situation with others," said Sami Memon, a local journalist. "Around 70% of Karachi's agriculture and barren land falls in the district council's area, but unfortunately no one has paid attention to resolve the basic issues".

Anti-encroachment drive begins in two days in Karachi
A district council official, requesting anonymity, said that there are a total of two maternity homes in council areas of Manghopir and Razaqabad, but both have been non-functional for years. "Each dispensary comprises three rooms. A doctor and a

dispenser are supposed to be posted there," he said, adding that the buildings are either lying vacant or being used as locals see fit. "The same thing happens with the around 100 community centres," he lamented.

The body of the present district council came into being in 2016 following the local bodies elections. Pakistan Peoples Party's (PPP) Salman Murad Baloch, son of former MPA Abdullah Murad Baloch, is the chairperson of the council.

It is similar to Karachi Metropolitan Corporation (KMC), which represents the urban areas of the city. The house of Karachi District Council comprises 56 members, of whom 38 are elected. The rest of the seats are reserved for women, minorities and labourers. Interestingly, only two members of the house are affiliated with Pakistan Muslim League – Quaid (PML-Q), Rind and Qausar Iqbal Bano, who occupy the opposition benches. The rest occupy the treasury benches.

"In the present budget, around Rs4 million have been allocated for water and sanitation of Malir and its adjoining areas, but not a single penny has been spent," said Yousaf Shah, a member of the treasury benches. He said that 70% of the villages in the district council areas have no drinking water facility and the conditions in Ibrahim Hyderi, Rehri, Dahla Muhalla and many villages of Malir is deplorable. "I am going to the National Accountability Bureau to expose the corruption of our chairman and others," he remarked.

Karachi's city administration launches 'Adopt a Footpath Initiative'

Despite several attempts, the district council chairperson was unavailable for comment. "Sahib is busy with other political activities. You should call him some other day," his secretary informed, when approached.

Sharif Shaikh, a senior official who is a focal person for the administration, admitted that all 42 dispensaries were non-functional, but blamed the provincial government. "We have three doctors, including a chief medical officer who sits in the council office. We have written to the higher authorities for the appointment of doctors. I hope this issue will be resolved soon," he said.

"The crises in Karachi District Council started when it was merged with KMC in 2001. We had a total of 100 dispensaries at the time. The district council was restored in 2016 and I hope that slowly and gradually we will be able to revive its old glory," said Shaikh. Asked about the poor performance over the last two years, he said, "Opposition members are blaming [the chairperson] for a political gimmick, otherwise the chairman is energetic and has done record development in the area."
(By Hafeez Tunio The Express Tribune, 04, 05/11/2018)

Patients suffer as NICVD runs out of medicines

The country's largest hospital of heart diseases — the National Institute of Cardiovascular Diseases (NICVD) — in Karachi has been deprived of medicines.

Medicines have disappeared from NICVD's outpatient and emergency departments.

The head of NICVD's medicine department has informed NICVD Executive Director Dr Nadeem Qamar about the shortage of medicines officially in writing. According to the documents availaible with *The Express Tribune*, basic medicines of heart-related diseases are non-existent in the hospital while lifesaving medicines, along with other 200 medicines are also not available in the hospital either.

Not only in Karachi, medicines are also not available in all centres of the hospital across the province.

Meanwhile, Dr Qamar denied the shortage of medicines and said that there is no restriction in provision of medicines. Provision of medicines to the patients is being ensured, he claimed.
(By Our Correspondent The Express Tribune, 04, 09/11/2018)

Opposition wants govt to take back North Karachi children hospital from NGO

The issue of the closure of a health facility for children in North Karachi echoed in the Sindh Assembly on Friday when a lawmaker belonging to the Muttahida Qaumi Movement-Pakistan informed the house that the hospital shutdown had immensely affected the people, especially those living in the city's Central and West districts.

The 100-bed Sindh Government Children Hospital (SGCH) was handed over to an Islamabad-based non-governmental organisation, Poverty Eradication Initiative (PEI), under the provincial government's public-private partnership programme in 2016 after its renovation.

The Japan International Cooperation Agency (Jica) had renovated the modestly-built facility at a cost of Rs1.7 billion and added a new block with 100 beds.

The hospital had hugely contributed to the needs of the residents and reduced the load on the city's key children's facility, the National Institute of Child Health (NICH). The Sindh government would pay an annual grant of Rs440 million.

Khwaja Izhar says the NGO-run hospital was shut for over two weeks; debate on law and order from 14th

Speaking on a point of order, MQM-P lawmaker Khwaja Izharul Hasan said that the administration had shut the hospital after the provincial government stopped the grant as the NGO-run facility was questioned by auditors for expenses to the tune of Rs180m.

He said he had spoken to people at the hospital where they informed him about the management's designs behind closing the facility.

Health services at the hospital have been suspended for a few weeks and its doctors and paramedics are on strike due to the non-payment of their salaries.

Officials said the health department had stopped releasing funds to the NGO over the charges of misappropriation of funds and failure to provide high-quality services.

Under the agreement, the NGO was supposed to enhance the number of beds at the hospital from 100 to 200, which too did not happen, said an official.

'Hospital shutdown a tool to force govt'

"Many people in the hospital told me that the hospital has been shut down as a tool to force the government," said the MQM-P lawmaker.

He said at present just a single doctor was running the hospital's outpatient department. He asked the government to take the facility back from the NGO.

"You should take it back and not allow the NGO to blackmail [the government]," he said.

He regretted the government had not taken notice of the situation despite the fact that the crisis persisted for more than two weeks. "The chief minister should cancel the contract of the NGO and ensure that it runs smoothly. This matter pertains to the health of our children."

He warned he would join the protest of the hospital employees and residents of the area if the government failed to reopen the hospital by early next week.

Responding on behalf of the health minister who was not in the house at that moment, Local Government Minister Saeed Ghani said the government was trying to resolve the issue.

He said no government would want to shut down such facilities.

Debate on 'bad' law and order next week

Earlier, the house approved an adjournment motion tabled by MQM-P's Muhammad Hussain seeking a discussion on "bad" law and order situation in the metropolis.

Mr Hussain presented the motion in the house and Mukesh Chawla, who holds additional portfolio of parliamentary affairs, said the treasury benches were not opposing it.

Later, Speaker Agha Siraj Durrani said the discussion on the adjournment motion would be held on Nov 14 (Wednesday).

Before this, Awais Qadir Shah, Minister for Transport and Mass Transit, criticised Leader of the Opposition Firdous Shamim Naqvi for visiting his department's offices without intimation and questioning the officials there.

Speaking on a point of order, he said the rules of procedure clearly said members could visit any government establishment with prior intimation to the authorities concerned. "After such visits members should report to the in-charge minister and the latter is bound to facilitate members and provide the required information."

He said the 'Old Pakistan' was still civilised and law-abiding and he would be there to help the opposition leader with whatever information he needed.

Mr Naqvi said he had visited the transport offices because he was unspeakably disturbed over the pathetic transport facilities in the city.

He said no one knew when the Green Line project would be completed; the sponsor for Blue Line was not on the scene while PC-I of the Red Line was trapped in the files of the federal government.

Speaker Durrani advised Mr Naqvi to take in the loop the minister concerned to get relevant information.

Minister Shah said the Green Line project belonged to Islamabad. He said Sindh and Khyber Pakhtunkhwa had submitted projects like the Red Line with the federal government with similar specifications. However, he added, Islamabad approved the Peshawar project and refused the Karachi one.

PTI's Seema Zia tabled a privilege motion vis-à-vis alleged misbehaviour by the security staff of the National Institute of Cardiovascular Diseases when she visited along with another MPA and two women.

Mr Chawla opposed the motion on the grounds that the lawmakers should have intimated the hospital administration prior to their visit. He said it was not proper as well on the part of the visiting members to snap pictures in the hospital.

However, the minister said the government would order an inquiry if the adjournment motion was withdrawn.

Khwaja Izhar demanded that the security officer concerned be suspended forthwith.

Health Minister Azra Pechuho said the department would launch an inquiry against the guard; however, the members should also not breach the privacy of patients.

Later, Seema Zia withdrew her privilege motion.

Resolutions
The house unanimously passed a resolution authorising parliament to enact a law regulating the matters relating to Ruet-i-Hilal Committee.

Minister Nasir Shah said after 18th Amendment to the Constitution it was mandatory for parliament to get at least two provincial assemblies' consent before amending, or enacting, a law relating to Ruet-i-Hilal.

In another resolution presented by Education Minister Sardar Shah, Allama Iqbal's role in the creation of Pakistan and his philosophy was praised.
(By Hasan Mansoor Dawn, 15, 10/11/2018)

War against polio

LIKE previous leaders, the current prime minister has announced his commitment to making Pakistan polio-free. Chairing a meeting of a national task force on polio eradication, Imran Khan said his government would take all measures needed to permanently eradicate the polio virus. Vaccinators have also been reassured by the army of its continued support in providing security to them — naturally, since the fight against polio is linked closely to the security situation. In 2013, Imran Khan was photographed giving polio drops to children in KP alongside the late Maulana Samiul Haq, who had to issue a fatwa urging parents to immunise their children. According to WHO, Pakistan will have to report zero cases of polio for three consecutive years to be declared polio-free. Pakistan, Nigeria and Afghanistan are the only three countries that have not eradicated the virus. In all three countries, religious extremism continues to hinder efforts. Nigeria claimed to have eradicated the virus in 2015, but saw four new cases in the conflict-ridden Borno state in 2016. Militants have continued to oppose polio vaccination drives, accusing them of being the covert propagation of Western science and values, a conspiracy plot to sterilise Muslims, or a cover-up for espionage. In Pakistan, specifically the CIA's methods to trace Osama bin Laden's whereabouts, dealt a blow to anti-polio vaccination. Although it was a fake hepatitis vaccination programme, the myth that it was a polio drive has persisted, and it fed into the Pakistani Taliban's anti-vaccine narrative.

Despite the prevalence of this mindset that has led to repeated attacks on polio workers, there has been a steady decline in the number of polio cases reported, thanks to the sustained efforts of successive governments, the National Emergency Operations Centre for Polio Eradication, and the polio workers and security personnel who have braved the odds to provide vaccination in high-risk areas. When the Polio Eradication Programme was launched in the 1990s, there were nearly 20,000 cases reported each year. In 2014, that figure dropped to 306; 54 in 2016; and eight in 2017. In 2018, the total number of cases stands at eight: three from Balochistan's Dukki district; one in Charsadda; one in Fata; two in Bajaur; and one in Karachi. Most of these were immunised children whose system was tough enough to not contract paralysis. However, environmental surveys taken in Karachi and Peshawar show children are still at risk. The fight continues.
(By Editorial Dawn, 06, 12/11/2018)

Polio-free Pakistan?

THE fight for a polio-free world might take a little longer to materialise. The Global Polio Eradication Initiative presented a pessimistic picture in its latest report. While type two and three strands of the polio virus have been eradicated, type one virus is still found in environmental samples taken from three polio-endemic countries: Pakistan, Nigeria and Afghanistan. In total, the number of wild poliovirus cases has increased to 25 from just 13 in 2017. Two of the major reasons for the delay include militancy and limited access. Afghanistan, in particular, faces a daunting task. The number of polio cases more than doubled at 19 (compared to eight in 2017). And around a million children have been missed since May 2018. In Pakistan, the blame often falls on Afghanistan and the free movements of people between the two borders. While this may be partially true, and the two countries must work together to combat the spread of the disease, a news report mentioned an 11-member polio team found to be faking data on the number of children vaccinated, while throwing away vaccines in Islamabad. The team was immediately sacked, but the fact that it happened is certainly a blow to efforts.

When it comes to polio, even one case is one too many. But this is no reason to lose hope. Over the years, the number of sites for environmental surveillance has increased to 57 in 30 cities — the largest national polio surveillance system in the world. And out of the eight reported cases from Pakistan, five had developed immune systems strong enough to withstand paralysis. The GPEI report also mentioned political instability and transfer of power as another hindrance, but the independent National Emergency Services for Polio Outbreak, formed in 2014, has helped overcome some of the problems. The polio teams are currently preparing to tackle the virus once and for all this winter season, with a target of 38.6m children. May they succeed in their noble mission.
(By Editorial Dawn, 08, 20/11/2018)

Illegal organ trade

FOLLOWING the petition filed by a Kohat resident against an alleged illegal kidney transplantation case last month, a Peshwar High Court bench has asked KP's health department and FIA to look into the prevalence of the illegal trade in the province. Mohammadullah Khan complained that a group, including doctors, performed a kidney transplant on his uncle, in return for Rs2.55m. He died within two days. The case serves to spotlight once again the illegal trade of human organs. One of the most disturbing consequences of globalisation, the demand and supply of human organs connects the wealthiest to the poorest through a vicious cycle of scarcity and exploitation. Its continued existence is dependent on a flourishing black market, exacerbated by economic inequalities and the desperation to survive. Sensing the urgency of the issue, made worse by the lack of data, the World Health Assembly urged member nations to "take measures to protect the poorest and vulnerable groups from 'transplant tourism' and the sale of tissues and organs" in 2004. Despite criminalising the trade in organs in 2010, cases of the illegal trade keep popping up in Pakistan, time and again. A large chunk of the population lives in multidimensional poverty. Many donors are bonded labourers, desperate to pay off oppressive debts. They rarely receive post-operative care, and some die from complications.

In 2016, a police raid in Rawalpindi found 24 'donors' holed up inside a dingy apartment, waiting for their surgeries in return for a few thousand dollars — a small portion of the total paid to the surgeons by wealthy benefactors. In 2017, a raid on a bungalow in Lahore uncovered an organ trafficking network that had been operating since 2009. At the time of the raid, an Omani national, a 'transplant tourist', was being operated on. For years, organisations such as SIUT and Edhi Foundation have campaigned for deceased organ donations. The state must now add to their efforts by diverting some of its resources to aid the awareness drive.
(By Editorial Dawn, 08, 24/11/2018)

Food labs

AFTER the death of two children from suspected food poisoning in Karachi, the nascent Sindh Food Authority and provincial government have had to face an onslaught of criticism. Formed in May this year, following the Sindh Food Authority Act, 2017, the body has struggled to find the human resources and capital needed to tackle a city as vast as Karachi, let alone the rest of the province. Additionally, it has had to deal with administrative transitions, which has delayed its work. It still does not have a state-of-the-art laboratory to test food samples, a requirement under Section 25. Instead, it relies on a memorandum of understanding with third-party, private laboratories. Currently, talks are under way to inaugurate two mobile labs, equipped with modern technology. Such a move has been implemented with success in other countries; but one wonders why the SFA did not adopt the already equipped lab of KMC's (now defunct) Food Quality Control Department, which had previously been conducting sporadic lab tests on food samples in its jurisdiction. KMC had been working under the Pure Food (Amendment) Act, 1965, in its limited jurisdiction. While a visit by the mayor in 2017 found that most of the lab's equipment and machinery were out of order, and officers were caught taking bribes, a renovated and improved KMC food lab was relaunched three months later. What came of it?

One hopes the SFA improves its record, though it's already off to a tragic start. Following the 18th Amendment, food quality and control come under the domain of the provinces. So the creation of provincial food regulatory bodies is a relatively new exercise. In the SFA, Sindh has now, for the first time, a body to ensure the provision of safe and hygienic food, and to punish those involved in the production or sale of adulterated food or soft drinks. It needs to be given time. But how much time and at what cost is the worrying part.
(By Editorial 08, 25/11/2018)

Karachi's varsities a hub for narcotics trade: report

Special Branch Police have compiled a report on the sale of narcotic substances in educational institutions in the city. The practice is particularly prevalent in institutes, including private universities and colleges, located in the more affluent localities of the port city, the investigation has found.

The report, a copy of which is available with *The Express Tribune*, has reportedly irked the provincial police chief, IG Dr Kaleem Imam, who has ordered swift action against the drug peddlers.

NASA chief says Elon Musk won't be smoking joints publicly again
The peddlers
Primarily, the report identifies several individuals and groups, including young women, who are responsible for the distribution of the narcotic substances.

According to the investigations by the Special Branch Police, a drug peddler by the name of Ismail Hussain supplies hashish, Ice and opium in different educational institutions of Defence Housing Authority (DHA).

Another dealer is Fahad Yaqeeb, who sells cigarettes filled with hashish for Rs100 each in a private school located near Boat Basin.

A third peddler has been identified as Usama Ishaq, who operates in schools located in Clifton Block 2. Daniyal alias Painter sells ecstasy tablets for Rs1,000 each in private parties in DHA Phase 7, which are largely attended by university students.

Hadi Chota sells cigarettes filled with hashish for Rs150 in a private school at Badar Commercial Area, while Malik Hassam sells hashish to students of private universities.

Another accused, Aurangzeb Baloch, is involved in the sale of cocaine and Ice, at a local café located on Saba Commercial Phase 5, DHA.

Zohaib alias Builder sells hashish and Ice in the vicinity of Khayaban-e-Muslim Phase 6, while Asif Hussain operates in the Sea View area, Ibraheem Razzaq in DHA Phase 4 and Fahad Candio in Badar Commercial, DHA. The majority of their customers are students of various universities and colleges.

The report also identifies two young women who supply narcotic substances at private dance parties. Besides, Khalid Khan and Noroz Gul have been accused of supplying narcotics to college students.

Another accused, Hammad runs a Sheesha bar at Muslim commercial in DHA, where he also allegedly sells Ice. Kamil, alias Kami, runs his narcotics business at Tauheed Commerical in DHA,

The Special Branch's report also alleges that narcotic substances are openly consumed at the Sociology department of the University of Karachi, where students are also pressured by their peers to indulge in the vice.

drugs on campuses: SC seeks report in 10 days

A similar pattern has been witnessed at a government college located on Shaheed-e-Millat Road, where two persons affiliated with the students' wing of a political party are involved in the supply of narcotic substances and they pressure the students to indulge in the vice to increase their sale. The school's administration seems to be hapless in the face of these students' political prowess, the report states.

At another government college in Bufferzone, the report alleges that members of the student outfit of a political party, identified as Rehan Shah, Adnan. Umar, Imran, Kashif and Talha, consume hashish on the college premises and also sell it to students.

A rickshaw driver, Maqsood, and his aides, Faan, Maan, Pappu and Abdul Qadir, sell narcotic substances, including hashish, Ice and crystal meth, to students of various public colleges located near the Intermediate Board Office.
(By Wasiq Muhammad The Express Tribune, 04, 03/12/2018)

Mental health reforms

RECENTLY, Lahore was left heartbroken when a young person died after jumping off the roof of a high-rise campus building. Sadly, this was not an isolated event. This case and the media reporting that followed highlighted many failures of mental healthcare in Pakistan even in urban and upwardly mobile segments of the population. These failures range from ignorance, stigma, a failure to recognise symptoms, inadequate psychological support services on university campuses, social and legal criminalisation of self-harm, and the inability of the media to report responsibly and accurately.

For far too long, mental healthcare and the associated, necessary reforms have been neglected in Pakistan. This is not just a public healthcare disaster but also a gross violation of human rights of a highly vulnerable segment, which, according to some estimates, may comprise up to 25 per cent of our population. Pakistan has no mental health policy or plan; it allocates no budget for mental healthcare; even after repealing the Lunacy Act of 1912 and the devolution of powers, no province has been able to implement an iota of its mental health legislation since the passage of the 18th Amendment. Despite a bill passed by the Senate to decriminalise attempted suicide, Section 325 of the Pakistan Penal Code still affirms that self-harm is a criminal act. Professional services that do exist are unregulated, sparse and expensive.

Pakistan has no mental health policy or plan; it allocates no budget for mental healthcare.

With the second-largest young population in the world, 20pc of which is likely to face violence, trauma and psychological challenges in their early years, there are no specialist services for children and adolescents in the country. Moreover, Pakistan has a large sprawling prison system with virtually no forensic psychiatric services. The prevalence of learning disabilities is alarmingly high, but there are few educational or rehabilitation opportunities. Primary care does not offer mental healthcare. A majority of medical graduates in Pakistan are unfamiliar with common mental disorders. Alternative avenues of recourse have led to the growth of rampant quackery.

In 2013, the World Health Organisation made a comprehensive mental health action plan (2013-2020), which was adopted by the 66th World Health Assembly and signed by 194 states including Pakistan. Rooted in the principle of human rights, this action plan was considered a landmark achievement. The four major objectives of the action plan were to "1) strengthen effective leadership and governance for mental health; 2) to provide comprehensive, integrated and responsive mental health and social care services in community-based settings; 3) to implement strategies for promotion and prevention in mental health; and 4) to strengthen information systems, evidence and research for mental health". Disappointingly, Pakistan has yet to make plans to achieve these objectives.

In order to achieve the first objective of the WHO action plan, there is an urgent need to formulate a national mental health policy that can address key issues by setting goals and implementing effective legislation. All over the world, countries have national legislation that provides a legal framework in pursuit of these objectives. The status of mental health legislation, however, is not on the national radar. Sindh passed its Mental Health Act in 2013 and formed a mental health authority only recently. No definitive action has been taken since. Punjab passed its act in 2014 but is yet to take steps to implement it. Last year, the KP government announced the passage of a mental health act on its website. Where Balochistan, Azad Kashmir and Gilgit-Baltistan are concerned, the less said the better.

The three provincial acts that have been nominally passed were copied and pasted from the draft of the original federal Mental Health Ordinance, 2001. This would suggest that the provinces either have the same needs or that they lack the expertise to draft their own legislation. No provincial government has made a strong or effective case for mainstreaming mental healthcare.

This is not all. The second point of the WHO action plan emphasises the need to integrate mental healthcare into primary care, which means systematically shifting the locus of care away from long-stay mental hospitals and tertiary-care hospitals towards primary-care and non-specialised health settings.

To achieve this: a) an examination in psychiatry should be mandatory in MBBS courses in all public and private medical universities; b) all primary healthcare staff should be trained to recognise and treat common mental disorders, including drug-use disorders (mhGAP-IG training guidelines by WHO); c) trained counsellors must be appointed in primary-care health settings; d) an effective referral pathway should be established so that people suffering from severe mental disorders can be referred to specialist services; and f) essential drugs for mental disorders must be available for primary healthcare.

In addition, there is a dire need to develop and regulate specialist services across the country. To this end: a) all mental health services should be mapped to identify existing gaps; b) post-graduate training schemes for mental health professionals should be qualitatively and quantitatively reviewed; c) comprehensive psychiatric services must be ensured at the district level; and d) specialist services like those for children and adolescents, prisoners and those with learning disabilities should be established at the tertiary-care levels.

The third objective of the WHO action plan solicits strategies for promotion and prevention in mental health. The foremost action needed in this regard is to formulate a national suicide prevention plan to address the lack of public awareness about mental disorders and risk factors that can contribute to mental ill health in society. Over 90pc of suicides in Pakistan result from untreated mental disorders, and are thus preventable. Providing adequate services for early recognition and effective treatment of mental disorders is vital. The training of key personnel involved in the process of investigating or reporting suicides, including the police, medico-legal officers, forensic medical specialists, general/family physicians and media is essential.

Finally, the fourth objective of the plan is directed at strengthening mental health information systems. Mental disorders must be routinely reported in provincial health information systems. We must also initiate a reliable mechanism to collect data and overcome the lack of official statistics on suicides in the country.

The mental health crisis is not going anywhere, and will likely forestall any hopes of national progress. We must act.
(By Asma Humayun Dawn, 06, 03/12/2018)

Development projects: Sindh govt to open 30 trauma centres by September 2019

Officials of the provincial health department informed the chief minister (CM) on Monday that they would complete and hand over around 30 trauma centres being constructed in various districts of the province by September 2019. This was stated during a meeting on development schemes at the CM House on Monday.

Sindh Chief Minister Syed Murad Ali Shah expressed concern over the slow pace of development work. The CM directed the officials to complete the health and education schemes within the stipulated time. “I will take taken action against the project directors, if they fail to achieve targets,” he said. The Health Department Secretary Dr Usman Chachar, giving the final deadline for trauma centres to deal with accident and emergencies at the district and taluka level said, “Work on around 41 trauma centres is ongoing and we will complete around 30 trauma centres equipped with the latest technology by September next year.”

The areas where trauma centres would be made functional are Sujawal, Mirpur Bathoro, Golarchi, Matli, Digri, Kot Ghulam Mohammad, Tando Jam, Sakrand, Bhit Shah, Hala, Kandiaro, Moro, Mehrabpur, Ratodero, Shahdadkot, Garhi Khero, Lakhi Ghulam Shah, Ghotki, Daharki, Ubauro, Pano Aqil, Warrah, Qazi Ahmed, Tando Bago, Kashmore, Johi, KN Shah, Tando Adam, Sinjhoro and Rohri.

The CM directed the Planning and Development (P&D) Chairperson Mohammad Waseem to take the works secretary with him and visit each unit and compile a report on their progress and quality of work within 15 days.

Sources privy to the development told The Express Tribune that the decision to finalise health and education schemes was made when Pakistan Peoples Party (PPP) Chairperson Bilawal Bhutto Zardari took notice of media reports about delay tacts being adopted in the development works.

The progress of around 73 development schemes was reviewed in the meeting. These schemes, according to the Sindh government officials, have been delayed for different reasons. The progress on Dadu District Headquarter (DHQ) Hospital, 15 comprehensive schools, 16 English Medium Schools (EMS) and 41 emergency and trauma centres was also reviewed.

The P&D chairman informed the CM that seven taluka (THQ) and DHQ hospitals have been accommodated in the Annual Development Programme 2018-19 with an allocation of Rs18.2 billion, against which Rs9.6b have been utilised in the current financial year.

The meeting was also briefed about the funds for taluka and district hospitals. According to officials, Rs1.6b had been allocated for the expansion of Mithi DHQ hospital.

The government also plans to upgrade taluka hospitals to the level of DHQ hospitals in Tando Mohammad Khan, Badin and Tando Allahyar at a cost of Rs1.7b.

The health secretary informed the CM that eight DHQs of TM Khan, Tando Allahyar, Kotri, Shikarpur, Sanghar, Mirpur Mathelo and Naushahro Feroze would be made functional by December 30, 2018.

He added that five DHQs of Mirpurkhas, Dadu, Matiari, Umerkot and Kamber would be made functional by June 30, 2019.

English Medium School (EMS)
The Education Department Secretary Qazi Shahid Parvez informed the chief minister that 16 EMS were being constructed in as many districts at a cost of Rs4.7b. Out of the16, 15 schools are ready to be made operational while the school in Hyderabad is yet to be completed. In package-A, three schools were constructed in Nawabshah, Sukkur and Larkana. Due to some quality control issues at Larkana, the engineer was warned and the issues were rectified. In package-B, four schools in Thatta, Badin, Kotri and Sujawal were constructed and their work was found to be satisfactory, according to the P&D chairman.

In package-C, four schools in Ghotki, Khairpur, Naushahro Feroze and Sanghar were constructed – out of them, two have been inspected by the monitoring committee and the remaining two, Sanghar and Naushahro Feroze are yet to be inspected.

The CM issued directives for the inspection of the buildings and sought a report within 15 days.

In package-D, five schools in Hyderabad, TM Khan, Mirpurkhas, Tando Allahyar and Hala were to be built and are yet to be inspected.

Comprehensive School
The education secretary said that the construction of 15 schools at a cost of Rs5.7b was in progress. These schools are being constructed in Thatta, Bathoro, Golarchi, Hyderabad, Matiari, Kotri, Umerkot, Tando Allahyar, Mirpurkhas, Ubauro, Shahdadkot, Kahirpur, Dadu, Sanghar and Nawabshah. He said that out of 15, six schools were completed while work on others was under way.

The CM directed the P&D chairman to visit the schools and report to him about their quality and pace of work. “I cannot compromise on the quality of work and soon I’ll personally visit the health and educational facilities in different districts,” he said.

The meeting was attended by Health Minister Dr Azra Pechuho, Education Minister Syed Sardar Shah, P&D chairperson, Principal Secretary to CM Sajid Jamal Abro, health secretary, education secretary, works secretary and others.
(By Our Correspondent The Express Tribune, 04, 04/12/2018)

Fight against TB

DESPITE being eliminated or drastically reduced in several high-income countries — largely due to the prevalence of advanced antibiotics and greater living standards — tuberculosis continues to remain one of the main causes of death in the developing world. An estimated 1.5m people die from the bacterial infection each year; TB is also one of the oldest recorded diseases in history. Pakistan has the fifth highest rate of TB in the world. It is estimated that around 430,000 people, including 15,000 children, contract the airborne illness in the country each year, while around 70,000 die from it. The germ is contracted by inhalation, through the throat and nose, or in rarer cases, ingestion. Symptoms can include a prolonged cough, coughing up blood, chest pain, shortness of breath, weight loss, fever, fatigue and night sweats. It is important to remember that the illness is both preventable and curable. However, while the BCG vaccine, usually administered to infants, does decrease chances of contracting TB, the amount of knowledge around the illness, and the media attention and public health awareness campaigns focusing on the illness remain much lower than for other diseases such as polio and HIV/AIDS.

In September this year, at a first of its kind event, world leaders met at the UN General Assembly to making tuberculosis a disease of the past. They pledged to increase overall global investments to $13bn annually by 2022. This week, the World Health Organisation has also extended its help to end tuberculosis in Pakistan and offered technical support to the Punjab TB Control Programme. Meanwhile, the National Health Services reaffirmed its commitment to ending tuberculosis by 2030 — one of the UN’s Sustainable Development Goals. But it also revealed that a shocking 140,000 patients continue to be missed each year by routine surveillance. Another new challenge is the threat of multidrug-resistant TB, which occurs when patients stop taking their medication before their course has been completed. Lack of access to adequate healthcare services and pervading stigma prevent patients from getting the help they need.
(By Editorial Dawn, 08, 08/12/2018)

Why public finance is key to delivering the human right to health

HEALTH is a human right. When people are not able to access the healthcare they need, especially if this is for reasons of cost, their human rights are denied. It is vital for the wider fight for rights, justice and sustainable development that policymakers' actions are informed by this linkage.

The world has just marked Human Rights Day on Dec 10. Today, Dec 12, is an equally significant date: the very first official Universal Health Coverage (UHC) Day endorsed by the United Nations.

Universal health coverage is built on principles of equity and fairness, with health services allocated according to people's needs and the health system financed according to people's ability to pay.

As secretary general of the United Nations, I was proud to launch the Sustainable Development Goals in 2015 as a roadmap to a better planet for current and future generations. All world leaders committed to delivering UHC when they signed up to the goals, and they now have 12 years to deliver on their promise.
All states on the path to UHC face a crossroads.

After stepping down from the UN, I joined The Elders, a group of independent world leaders set up by Nelson Mandela who work for peace, justice and human rights.

I am delighted that UHC is one of The Elders' top priorities. As a young man growing up in the Republic of Korea, I witnessed our transition to UHC, when in 1977 president Park Chung-Hee launched nationwide health reforms which meant that everyone could access life-saving healthcare.

This process is now occurring across the world at all income levels, as governments realise that to reach UHC, it is necessary to replace private voluntary health financing with compulsory public financing.

The only wealthy country yet to make this transition is ironically the world's biggest economy — the United States. Despite spending 17 per cent of its GDP on health, 30 million Americans are without health insurance, while many more are underinsured and don't use the services they need because of high copayments.

When I lived in the United States, I was frequently amazed at how expensive health services were and how unfair it was that the services my family and I used weren't available for everyone.

Sadly, the present administration's determination to derail president Obama's Affordable Care Act is only going to make this situation worse. This will take America further from the global UHC goal.

However, on two occasions over the last year, I have participated with my fellow Elders in health events in New York and California which suggest that at a state level, there is an appetite to move more quickly towards UHC. With health now at the top of the political agenda across the US, there is a real chance for progressive states to launch publicly financed health systems which might catalyse similar reforms nationwide. Ultimately, I believe they will.

But progressive states in the US are not the only places striving to make progress towards UHC. Many middle-income countries that historically had inequitable, privately financed systems now have the financial resources to switch to a publicly financed system. What is required to catalyse this change is genuine political will, like we saw in Korea in 1977.

Over the last three years, The Elders have been working with leaders to encourage them to bring publicly-financed UHC to their people. President Jokowi of Indonesia is good example of a leader committed to UHC, who is using savings from cutting fuel subsidies and increasing tobacco taxes to finance UHC.

India is another country on the verge of massive health reforms and it was a privilege for myself and fellow Elder Gro Harlem Brundtland to visit Delhi and Ahmedabad in September to witness progress being made at a national and state level.

After decades of underfunding, it is commendable that Prime Minister Modi has committed his government to more than double public health spending to 2.5pc GDP by 2025. However we were concerned to see that the main emphasis seems to be insuring people against expensive inpatient tertiary hospital care rather than investing in more cost-effective primary care services.

We saw this primary care services (PHC) working very well in Delhi, where people are returning to the public sector to access free PHC services in the state gvernment's impressive Mohalla Clinics. This is a tried and tested strategy to improve access for the poor that has brought UHC to China, Sri Lanka and Thailand.

Finally, we are also very excited by recent developments in Africa, where in the last few months the presidents of South Africa and Kenya have made UHC a top priority for their governments. In both cases the presidents themselves are overseeing reforms that will use mostly tax financing to bring universal free health services to everyone.

All countries on the path to UHC face a crossroads: one path leads to a US-style, privately financed, fragmented health system, where the rich have unlimited choice of expensive services but the poor fail to access care or suffer bankruptcy if they do. The other is the path increasingly being taken in the rest of the world, where even in highly capitalist economies everyone gets access to care because the state makes the rich pay for the poor.

Our advice to US states, to India, Indonesia, South Africa, Kenya and other countries approaching the crossroads like Nigeria and Pakistan is to take this path, as this is the only navigable route to health for all and just, stable and prosperous societies.
(By Ban Ki-moon Dawn, 09, 12/12/2018)

No more polio-free

Pakistan has come a long way in its fight against polio, but is yet to be declared a polio-free country. It is one of the three polio-endemic countries along with Afghanistan and Nigeria. Despite regular vaccination campaigns, at least eight polio cases have been reported in the year 2018 — three in Balochistan, four in Khyber-Pakhtunkhwa and one in Karachi, Sindh. According to a report, the annual incidence of polio was estimated at 20,000 in 1990s. However, since its initiation in 1994, Pakistan's Polio Eradication Programme has been a success story with a decline in the number of cases from 306 in 2014 to 54 in 2015 and then 20 in 2016, eight in 2017 and eight in 2018.

Despite a steady decline in the number of reported cases, the surveillance system indicates the presence of polio virus and this worries the stakeholders. This has, therefore, compelled the federal government to change its evaluation criteria for the provinces. According to the new criteria, now the environmental factor will also be taken into consideration to determine the success or achievement rate. Samples will be collected from sewage water and if the virus is found in these samples, it would be assumed that the polio eradication campaign has failed to achieve the target in the area from where the sewage water sample was collected.

The remarkable success achieved in eradicating the deadly virus is definitely due to strong commitment on the part of successive federal and provincial governments, support of the law-enforcement agencies, highest dedication of volunteers conducting regular campaigns as well as enhanced level of monitoring and surveillance. But some reports indicate that polio teams are still facing resistance in some areas. The other day a report said that some residents in up-scale localities of Islamabad refused to get their children vaccinated. And this is really surprising and disappointing. The issue needs to be addressed by the government or respective local administrations more vehemently.
(By Editorial The Express Tribune, 16, 18/12/2018)

Polio: another blow

IT was supposed to be polio's final stand. Anti-polio campaigners were optimistic that this winter's drive — the final door-to-door anti-polio vaccination campaign of the year — would also be the last in eradicating the virus from Pakistan once and for all. The prime minister restated his commitment to a polio-free Pakistan in a meeting on Nov 9 with provincial chief ministers, chief secretaries and members of the military in attendance. Starting from Dec 10, the countrywide campaign kicked off with the aim of administering drops to 38.72m children under the age of five — 19.2m in Punjab, 8.9m in Sindh, 6.8m in Khyber Pakhtunkhwa, 2.53m in Balochistan, 0.347m in Islamabad, 0.237m in Gilgit-Baltistan, and 0.7m in Azad Kashmir. The campaign was in coordination with Afghanistan to ensure children on the move between the borders were also administered drops.

But then came the news of the death of an infant in Haripur. She had been given polio drops on Nov 30. According to an inquiry report, she died of pneumonia on Dec 2, but a social media campaign blaming polio vaccines for the child's demise had already taken off. Owing to the widely shared propaganda, there has now been a reported 25pc increase in vaccine refusals in Islamabad alone. Shockingly, many of the refusals came from educated, middle-class households. Once again, efforts to eradicate polio have been hampered by sinister disinformation campaigns and the paranoia of uninformed minds. Not only does it risk the health and well-being of other children, it also points to another disturbing trend in our society (or perhaps all modern, technologically driven societies): the spread of fake news and disinformation. It is disheartening to note that despite all the progress made over the years, despite all the attempts at educating the public, and despite all the lives of polio workers and security personnel tragically lost in the state's efforts to eradicate polio, we are still far from reaching the goal of a polio-free Pakistan.
(By Editorial Dawn, 08, 18/12/2018)

Agreement signed for free ambulance service in Karachi

The Sindh government has signed an agreement with the Patients Aid Foundation (PAF) to operate an ambulance service with a fleet of 60 fully loaded vehicles in the city on the public-private partnership basis.

The agreement was signed by health secretary Usman Chachar on behalf of the Sindh government while Mushtaq Chapra on behalf of the Patients Aid Foundation at a ceremony held at CM House on Tuesday.

The ambulance service would be made available free of cost immediately for the benefit of the public.

The agreement was signed in the presence of Chief Minister Syed Murad Ali Shah, Health Minister Dr Azra Fazal Pechuho, adviser to CM Murtaza Wahab, principal secretary to CM Sajid Jamal Abro, secretary for finance Syed Najam Shah, special health secretary Dr Dabeer, Zahid Bashir of PAF, JPMC executive director Dr Seemin Jamali, Tariq Mehmood and Murtaza Abbas Kazmi of the Aman Health Care Service.

The Sindh government during the current financial year will take over the Aman Ambulance service and run it in Karachi in collaboration with PAF.

“In the second step, the goal is to expand the Karachi fleet of ambulances from 60 to 200 by the end of 2019,” the chief minister said.

It may be noted that there is already a pilot project operating in Thatta and Sujawal with 25 life-saving ambulances.

Titled Sindh Peoples Ambulance Service, the project has been running for the past two years under a similar public-private partnership agreement between the Sindh government and Aman.

Speaking on the occasion, the chief minister said the ambulance service would be expanded to all districts of Sindh on an incremental basis. He said the service would be made available free immediately for the benefit of the public.

The World Health Organisation emphasises the importance of emergency medical services systems, which are usually the first point of contact between the healthcare system and people with acute conditions.

According to a study in many low- and middle-income countries there is lack of ambulance services and many patients arrive at healthcare facilities on their own.

More than one-third of all deaths are preventable with early intervention during the pre-hospital phase while up to 90 per cent of injury-related mortalities occur in the presence of an adequate emergency medical service which could be reduced to 45pc.

However, due to lack of funding and trained personnel, emergency services are a low priority and are often limited to providing basic transport facilities without efficient triage services.

The lack of pre-hospital care services in Pakistan has been a cause of great concern over the years.
(By Habib Khan Ghori Dawn, 15, 19/12/2018)

Occupants of quarters in CHK given 24 hours to leave

The Dr Ruth Pfau Civil Hospital Karachi (CHK) management has given 24 hours to all illegal occupants to leave the quarters built on the hospital premises as all the 13 quarters will be demolished with the help of law enforcement agencies and district south administration next day.

Unauthorised encroachers had illegally occupied hospital land in the year 2000 near the TB ward and built 12 to 13 two-room quarters for commercial purpose with the connivance of some administrative officials.

The illegal occupants have been using hospital electricity, water and resources for the past 18 years.

The administration had served notices to these unauthorised encroachers several times, but they had refused to leave the quarters. The hospital administration had approached the deputy commissioner (DC) south, high-ups in the Sindh health department and law enforcement agencies but to no avail.

The hospital management was facing millions of rupees extra burden annually on account of utility bills, water, gas and other things. The law enforcement agencies and representatives of district commissioners south paid a visit to the hospital and finalised the preparation to launch a crackdown and gave 24 hours to encroachers to leave the quarters.

CHK medical superintendent Dr Sabir Memon while talking to the PPI, said that a final warning had already been issued to all illegal occupants and the crackdown would be launched with the help of law enforcement agencies.
(By PPI Dawn, 16, 19/12/2018)

Violence against health workers not to be condoned, seminar told

Speakers at a seminar on violence against health workers on Tuesday said such violence would not be condoned as health workers deserved to feel and be safe at workplaces.

The International Committee of the Red Cross (ICRC) held the seminar at Jinnah Sindh Medical University (JSMU), which highlighted the problem of violence against people.

The APPNA Institute of Public Health (AIPH) at JSMU said it was a partner of the Health Care in Danger (HCiD) Initiative of the ICRC.

The audience was informed that the initiative to safeguard workers in the health sector from violent situations aimed to conscientiously support health systems in preventing and controlling such violence by making health care settings safe and empowering health care providers to manage violence at their facilities.

They said the initiative had developed and implemented different interventions including training for health care providers on de-escalation of violence in health care settings, training for ambulance workers on field safety and security, testing contextualised

international tools to assess security in hospitals and formation of security frameworks, and mass media awareness campaigns on giving way to ambulances and respecting health care providers.

Provincial health secretary Dr Usman Chachar appreciated the initiative and said the provincial government had fully and proactively supported the initiative.

Vice chancellor JSMU Dr Tariq Rafi, dean medical education, College of Physicians and Surgeons Pakistan, Dr Syeda Kausar Ali, Giovanni Trambaiolo, head of ICRC sub-delegation, Dr Mirwais Khan, head of Project Health Care in Danger ICRC, AIG Dr Waliullah Khan, Commissioner Karachi Iftikhar Ali Shalwani, Professor Lubna Baig of JSMU, Dr Shiraz Shaikh and Dr Ibrahim Hashmi of HCiD, Dr Naseem from Khyber Medical University, CEO Sindh Healthcare Commission and Dr Minhaj Kidwai and journalist Zarrar Khuhro shared achievements of the initiative with health care professionals in attendance.

They said the seminar's goal was to develop policy guidelines for protecting health care workers from explosive incidents along with concerned stakeholders including health policymakers, media personnel, members of the medical fraternity and law enforcement agencies.

Dr Mirwais Khan from the ICRC said adopting new policies and standards would ensure all hospitals, no matter how big or small, could prevent violence and keep their staff and patients safe. Healthcare workers care for us and they deserve to feel and be safe at work, he said.

"We are sending a strong message that violence against healthcare workers can never condoned," he said.

Prof Lubna Baig said HCiD Project team at APPNA Institute of Public Health felt strongly about violence against healthcare workers as it negatively affected their performance which ultimately leads to poor quality of care and adverse health outcomes.

"In the past four years, the team has passionately done great amount of research on this subject and also come up with practical solutions to minimise violence against healthcare workers," she said.

She added the presence of all relevant stakeholders would help them in chalking out a strategy to implement the solutions that had been developed after the hard work of the core team of the project.
(By The Newspaper's Staff Reporter Dawn, 16, 19/12/2018)

All health facilities, practitioners warned to register with SHCC at once or face action

The Sindh Healthcare Commission (SHCC) on Thursday directed all health institutions and medical practitioners to immediately register themselves under the Sindh Healthcare Commission Act 2013 or face action enshrined in the law, officials said.

"Action will be taken in accordance with rules and regulations mentioned in the Sindh Healthcare Commission Act 2013 against those remained unregistered," said chief executive officer of the SHCC Dr Minhaj Qidwai.

He said the commission had begun the process of registration of authentically trained medical practitioners and health institutions. The SHCC official made it clear that there was no fee for the registration.

"As per Section 14(1) of the Sindh Healthcare Commission, healthcare establishments (HCEs), hospitals, diagnostic centres, medical clinics, nursing homes, maternity homes, dental clinics, homeopathic clinics, tibb clinics, acupuncture, physiotherapy clinics, pharmacies or any other system of the treatment, shall not be used except in accordance with the terms and conditions of a licence issued under the Sindh Health Care Commission Act, 2013," said Dr Qidwai.

He said a mobile app had been designed by the commission which would help distinguish between an authentically qualified medical practitioner and a quack.

He appealed people to help the SHCC in its cause to completely ban the quacks.

"We request the people that they should not risk their lives by visiting quacks for medical check-ups."

The commission has publicised its email address: www.shcc.org.pk and contact numbers: 021-38656000 and 0800-07422 for the general public to seek for further information.

Formally launched early this year, the SHCC, an autonomous regulatory body to ensure quality healthcare in Sindh, had announced that it had begun its operation from Karachi South for registration of health providers and expand the same to other districts.

It took four years to formally establish the commission after the related law was passed in Feb 2014.

Sindh is much behind Punjab and Khyber Pakhtunkhwa in establishment of the commission as it was formed six years ago in Punjab and around two years ago in Khyber Pakhtunkhwa.

The officials said the standards for hospital had been notified for the SHCC and the health service providers and hospitals should register with the commission as per its mandate.

They said it was now mandatory for all government and privately-run hospitals, dispensaries, laboratories and other health providers to get them registered. The clinics will also be registered."

The commission is made up of nine 'honorary' commissioners and seven paid directors supported by other staff.

The Sindh Health Care Commission Act, 2013 envisages the establishment of an accreditation and licensing authority to regulate private hospitals, clinics, laboratories, physiotherapy centres, pathologists, nursing homes, maternity homes, diagnostic clinics and other health providers, including hakims, operating in the province.
(By Hasan Mansoor Dawn, 16, 28/12/2018)

Improving healthcare: SHCC urges doctors to register

Sindh Health Care Commission (SHCC) has asked all healthcare institutions and medical practitioners to immediately register themselves with the body under Sindh Health Care Commission Act, 2013.

In case of non-registration, action will be taken in accordance with the rules and regulations mentioned in SHCC Act 2013, said the SHCC Chief Executive Officer Dr Minhaj A Qidwai in a statement on Thursday.

He said that the commission has started the process of registration of genuinely trained medical practitioners and health institutions, adding that there is no registration fee. Dr Qidwai said that a mobile app has been designed and appealed to the people to help the SHCC in its cause.
(By APP The Express Tribune, 04, 28/12/2018)

Sindh government forms Gujro UC anti-polio task force

In view of the concern shown by international and national experts over failure to eradicate polio virus in the vicinity of Gujro union council (UC), the Sindh government has formed a Gujro UC Anti-Polio Task Force, with Karachi Commissioner as the chairman, along with representatives of World Health Organisation (WHO), United Nations International Children's Emergency Fund (UNICEF), Bill & Melinda Gates Foundation, Rotary International, officials of the health department, Expanded Program on Immunisation (EPI) , Karachi Water and Sewerage Board, East deputy commissioner, and Gujro assistant commissioner. Malir Additional Deputy Commissioner Shujaat Hussain has been assigned to work as the coordinator of the Gujro Task Force.

Karachi Commissioner Iftikhar Shalwani, chairing the first meeting of the task force, stressed the need to work with close coordination and make all efforts on priority basis for the eradication of polio virus from the Gujro UC.

He said that polio eradication was a national cause and it would be the top priority of the government to carry out efforts to eliminate the virus from the city.

The meeting was attended by the Sindh Emergency Operation Centre Provincial Coordinator Umar Farooq Bullo, East Deputy Commissioner Ali Ahmed Siddiqui, Gujro Polio Task Force Coordinator Shujaat Hussain, officials of police and Pakistan Rangers.

The commissioner said that Sindh Chief Minister Syed Murad Ali Shah has directed the city administration to take special steps eradicate the crippling virus from Gujro UC. He said that the Sindh government has set up the task force so that special focus could be made to eradicate polio from the high-risk union council.

The commissioner hoped that the members of the task force will play their due role to fulfill their responsibilities and would go the extra mile for the eradication of polio.

It was informed in the meeting that 66 polio cases have been discovered during the period from 2008-18 . Out of these, 22 polio cases were from Gadap Town, while 12 cases were from Gujro UC, which is the highest in any union council in the city. Presently, there is only one reported case from this UC.
(By Press Release The Express Tribune, 05, 28/12/2018)