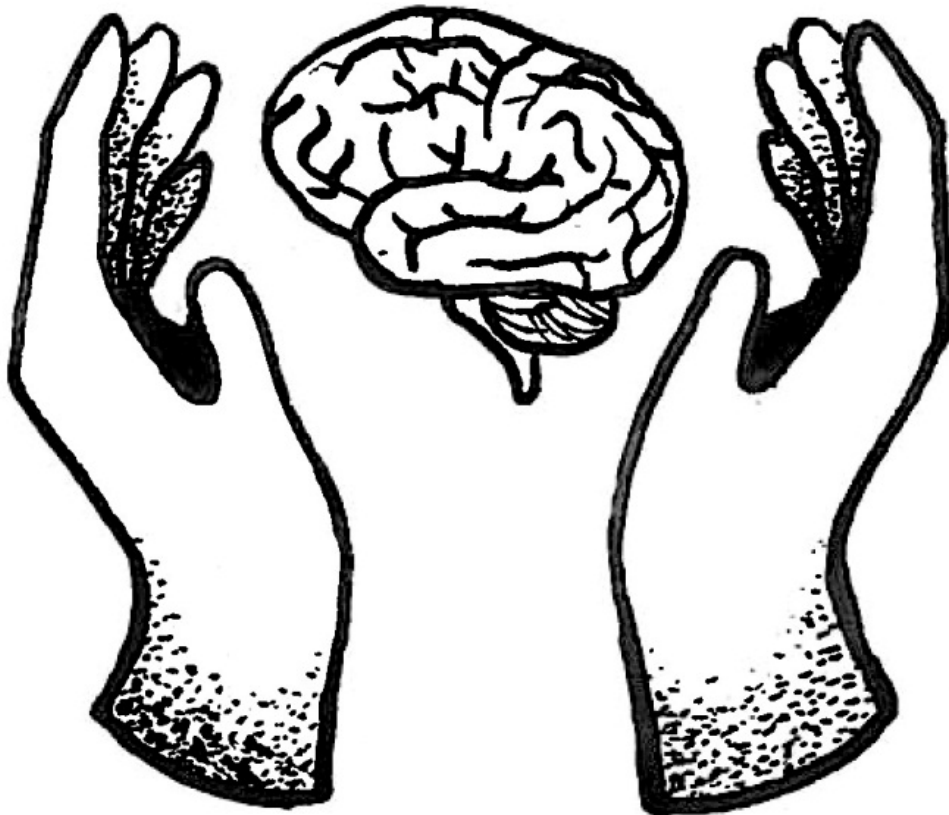


NEWSCLIPPINGS

JULY TO DECEMBER 2021

HEALTH



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Health risk allowance

THE federal government made the right decision to resume payment of risk allowance to healthcare workers who continue to put their lives in considerable peril as they treat patients of Covid-19. According to media reports, around 14,600 healthcare workers have been affected by the coronavirus; 143 have lost their lives in the line of duty. The issue was brought to light by National Assembly Speaker Asad Qaiser last week when he pointed out during a parliament session that healthcare workers had not received their risk allowance for the past 11 months. He instructed the Ministry of National Health Services to resolve the issue by the end of June. However, it appears that the challenges linked to the allowance that had caused unease in the medical fraternity last year have not gone away. The federal health ministry asked hospital managements to provide lists of 'eligible' healthcare workers treating patients of Covid-19. These proved inadequate and the decision of payment of risk allowance was left to the subjective discretion of the authorities. The same process had been followed last year, resulting in complaints that healthcare workers who were said to be in direct contact with coronavirus patients were paid more than those who were perceived to have 'only' indirect contact with such patients, including those working in outpatient departments or performing surgeries, though they would also have been vulnerable.

Critics have pointed out that Covid-19 wards were given adequate gear, including PPEs, masks and goggles, for the protection of their staff while those working in other departments were often without any protective gear leaving them more vulnerable to exposure to undiagnosed Covid-19 patients. Many also treated Covid patients for other ailments or conducted procedures such as childbirth, putting themselves at risk. The authorities' good intentions notwithstanding, there is a need to consult experienced medical professionals for deciding on compensation for healthcare workers exposed to risk and to improve data collection so that the distribution of funds is fair and transparent.

(By Editorial, Dawn, 06, 06/07/2021)

Mental health goals

WITH a population of 220 million and rising, Pakistan is currently the world's fifth most populated country. Demographically, it is among the youngest: 64 per cent of the country's population is under the age of 30. Already socioeconomically vulnerable, the disruptions ushered in by the Covid-19 pandemic have laid bare the state of mental health challenges and inequities across the country. They have also underscored just how far behind Pakistan is from where it needs to be on mainstreaming mental health as part of the national agenda. Despite being a signatory to the Mental Health Action Plan 2013-2030 by the World Health Organisation, Pakistan has until now made little progress either in implementing legislation or addressing the severe dearth and inequitable distribution of mental health resources and non-existent provisions for psychosocial support across the provinces.

This is why a recent move by Pakistan's federal Ministry of Planning, Development and Special Initiatives to launch a Mental Health & Psychosocial Support (MHPSS) initiative, funded by Unicef, as part of the country's emergency response to Covid-19 is important. Run by a Mental Health Coordination Unit set up by the Ministry of Planning, Development and Special Initiatives, the project marks the first instance of an evidence-driven, rights-based model of MHPSS response to public health emergencies in Pakistan. This model is designed to be scalable and sustainable, while taking into account local needs and resources.

The project's objectives are to raise public awareness for psychosocial well-being and address stigma and discrimination of infected populations; support front-line responders, and integrate MHPSS in response activities; provide psychosocial services to the most vulnerable population groups including women and children at risk, bereaved families, and people with disabilities; and facilitate mental healthcare to those suffering from mental disorders. The plan is informed by a rapid needs-assessment that was carried out earlier in the year to identify mental healthcare needs as well as existing resources and gaps across the spectrum of care in Islamabad Capital Territory.

This new initiative is critical for several reasons. Firstly, it marks the first serious national attempt to prioritise mental health, despite many ad hoc efforts to increase investments in social and developmental infrastructure in recent decades. The last major milestone was exactly two decades ago in 2001, when Pakistan promulgated its first mental health legislation repealing the Lunacy Act 1912.

Hopefully, the government's mental health initiative will prove to be a game changer.

Secondly, mental health problems are complex and closely linked to biological, socioeconomic, political, and cultural determinants. For any serious effort to address mental health problems, inter-sectoral collaboration with the country's ministries of health, human rights, education, interior, law and justice, and disaster management authorities is essential — domains which have traditionally operated in silos without significant coordination. For this reason, the new MHPSS plan is to be implemented through the formation of a Covid partners forum comprising public entities including line ministries, academic departments, the National Disaster Management Authority, humanitarian agencies, media, social enterprises etc.

Thirdly, because of Pakistan's devolved federal structure, health is a provincial subject. Even if it is able to plan a national response, the mandate of the federal ministry of health doesn't extend to the provinces. This has meant that until now, each province has struggled in one way or another with a dearth of mental health expertise and resources. The new plan, which falls under the Ministry of Planning, aims to correct this. In addition to the ministry's comparative advantages, both budgetary and capacity for strategic planning at a national level, as a federal ministry it is well placed to offer a template for its provincial counterparts to easily implement.

Fourth, the public health crisis brought about by the pandemic has both sapped existing healthcare resources and magnified Pakistan's mental healthcare needs by many folds. It has made clear that the task of meeting mental ill health challenges must go beyond just finding simplistic biomedical solutions for mental disorders, and include providing psychosocial support in response to national emergencies, humanitarian crises, and conflict. The exclusive mandate of the ministry to identify an overlooked area that needs attention and launch it as a special initiative is also an opportunity to address this multifaceted challenge.

So what does the new initiative look like? It comprises an electronically integrated system that will build the capacity of a mental health workforce and set up referral links to offer therapeutic interventions at four tiers or rungs, based on the principle of task shifting. At the first tier, members of the community will be trained to provide basic psychological support and identify/refer people with mental health problems who might need further help. At the second tier, a team of counsellors will provide psychosocial support services to front-line responders and other vulnerable groups suffering from stress-related conditions. At the third tier, a team of consultants comprising of medical doctors and clinical psychologists will be trained to provide services for common mental disorders in primary care. Finally, at the fourth tier, a team of mental health specialists will provide consultation and facilitate referral pathways to other services.

Training resources used in the initiative will be evidence-based, adapted to local needs, and be made available in both English and Urdu. Trainings will be accredited and offered on-job supervision. The web-based integrated system, which will also allow for data consolidation and reporting, will include

a project web portal integrated with a Learning Management System and three applications which are being developed on the content adapted and translated from standard international training guidelines to provide services.

If this pilot succeeds in engaging the community, builds the capacity of mental health professionals and develops the much-needed inter-sectoral collaboration, it might be a solution to be replicated in Pakistan's other four provinces as well.

(By Asma Humayun And M Asif Dawn, 06, 15/07/2021)

PMA urges people to take precautions to avoid 'brain-eating' amoeba

The Pakistan Medical Association (PMA) on Wednesday asked the people of Karachi to take preventive measures to avoid becoming a victim of *Naegleria fowleri* — a rare but deadly waterborne amoeba that thrives in freshwater sources, reservoirs including poorly chlorinated water networks — to drink boiled water and not to wash face or bathe with polluted water.

PMA representatives Dr Qaiser Sajjad, Dr Samreen Sarfaraz and Dr Abdul Ghafoor Shoro expressed these views at a press conference here at PMA House on Wednesday.

They demanded that the government make sure to supply chlorinated water to citizens to avoid any untoward situation.

"*Naegleria fowleri* is a serious health issue. Recently, six deaths have been reported, five of them were from Karachi and one was from Balochistan, who also died in Karachi during treatment," they said.

Suggests use of boiled water and avoiding non-chlorinated swimming pools

They added: "We fear that unreported deaths would be higher than the reported ones. Unfortunately, safe water is not available to the vast majority of our population. People are compelled to consume contaminated water that causes waterborne diseases like typhoid, gastroenteritis, hepatitis A, E and cholera.

"The chief justice should take suo motu notice on this matter. It's criminal negligence and responsible officials should be punished. We know that water has not been chlorinated at all for many years," said Dr Mirza Ali Azhar heading PMA-Sindh chapter, adding that the general practitioners should be trained in disease diagnosis.

"This contaminated water also carries a *Naegleria fowleri* amoeba which enters into the brain through nostrils and starts damaging it and causes meningoencephalitis, which is fatal in 95 per cent cases and affected person dies eventually.

"*Naegleria fowleri* is found all over in moist soil, freshwater bodies, poorly chlorinated swimming pools and water supplying pipes. When water contaminated with *Naegleria* is sucked through the nose during bathing, rinsing the nose and ablution, it invades olfactory neuroepithelium and rapidly destroys brain tissue, which causes severe meningoencephalitis within 1-9 days," they said.

'Chlorination in city is questionable'

"The initial symptoms of the disease were headache, body ache, high-grade fever, drowsiness, fainting and coma," they said, adding: "PMA is concerned over the fact that *Naegleria fowleri* has been reported from water being supplied by Karachi Water & Sewerage Board. The filtration and chlorination of potable water provided in the city is questionable."

They said that the water distribution system was faulty allowing seepage of sewage in the domestic water supply, which got contaminated and caused harmful diseases.

Besides, people should not have gone to non-chlorinated swimming pools, they added.

The PMA representatives asked the people to put chlorine tablets (one tablet in 1,000 gallons of water) in their underground tanks.

They said water tanks at homes, hospitals, schools, shopping malls and offices should be cleaned once a year.

They said chlorine price had climbed higher these days but people could use two tablespoons of bleach powder, make paste of it with water and put it into their water tanks at night. This would be enough for 500 to 1,500 gallons of water and kill *Naegleria*.

The PMA requested all doctors, particularly general practitioners, to take it seriously if a patient came to them with symptoms of nausea, vomiting, headache and high-grade fever. Such a patient should be tested for *Naegleria*.

(By Newspaper's Staff Reporter, Dawn, 14, 15/07/2021)

Doctors concerned at rampant abuse of students in country

The disturbing issue of increasing sexual and physical abuse in our educational institutions was taken up by the Pakistan Medical Association (PMA) during a press conference here on Saturday.

"It's a very serious issue that no one can ignore. We have also discussed this matter in our meetings including the one held in Abbottabad recently where there was also a resolution passed, which highlighted the physical, sexual and mental abuse that the students of our educational institutions are subjected to. It is a very concerning matter, which has left our children vulnerable," said Dr Abdul Ghafoor Shoro, general secretary of the PMA's Karachi chapter.

"Protection of our children should be ensured in the Constitution of Pakistan. Our government should play its role in keeping our society clean. It is the need of the hour. Forty per cent of our population of 220,892,340 persons is under the age of 15. And such issues hinder their education, which is a human right. Here children under five years of age are also abused. It leaves a lasting effect on their impressionable minds," he said.

Dr Aisha Mehnaz, a paediatrician, said that it is a very sad situation where they encounter such cases of child abuse almost daily. "The cases that we see are the ones, which get to be reported. There are also many cases that no one knows about. And some of those we treat in hospital are so severe

that I find it hard to even discuss them," she said, adding that many cases are brought to them by non-governmental organisations, which deal with the matter in their own way. But there is no system or way of punishing the abusers.

Seek measures to protect children at schools and madressahs

"The abuse is not just happening in educational institutions. It is also present in daycare centres and orphanages. And there is no database for child abuse and no mandatory reporting system here," she said. "And this physical abuse comes with mental abuse. The effects of mental abuse come later. It calls for more in-depth study."

Naeem Sadiq, a social activist, said that a lot can be said about a society by seeing how the people in it treat their children and animals. "There is a way to fix wrongs such as child abuse," he said, going on to mention some of these ways that he has identified.

"In Pakistan, 60 per cent of the children have not even been registered, so they don't even exist on paper. Also we don't know of the number of seminaries and the number of students there. We need this data, we need these facts," he said.

Child protection body proposed

"All the people working in all the schools and madressahs must be clear about their policy regarding child protection. Child protection is the right of each and every child, and it needs to be explained to them what abuse is and what is unacceptable. There is a need for a child protection committee here, too. And the children must be educated about who in the committee to report anything to. Teachers, staff and parents are also not to sit quietly, but report abuse," he said.

"The committee should protect, support and offer counselling to the victims and their families. It should also make sure that the culprit is dealt with," he said.

Mr Sadiq also said that there is a child protection officer in every district and people should go to them with their complaints. "Make sure that all the staff at all the educational institutions are made aware, properly trained against child abuse because the laws in our country are insufficient to care for our young," he said, adding that cases of child labour are also rife here, and many of the laws passed are not even implemented.

"It all comes down to poverty and our growing population. We are not paying minimum wages here, we are not paying EOB so parents here sell their children or send them to work," he said while pointing out how it is all interconnected.

Agreeing with Mr Sadiq, Dr Mirza Azhar Ali, president of PMA's Sindh chapter, said that it is the poorest of the poor who also send off their children to madressahs to fulfil their basic needs such as that of food and clothing. "Then if something happens and we raise our voice over it, we are labelled as liberal and secular as if that is something wrong to be," he said.

"Madressahs are supposed to be run by very well-educated and respectable people. They should also be as concerned as us about the safety and protection of our children," he said. "But here, they are more into sweeping things under the carpet.

"These days every other news is about child abuse be it in the mainstream media or social media," he said. "All these reports beg for attention. The government should set up a commission including people from all walks of life to look into these reports of child abuse in our educational institutions.

"It is our right to protect our children and raise our voice against any wrongdoing so that the law must punish the abusers," he added.
(By Shazia Hasan Dawn, 13, 25/07/2021)

'Hepatitis can't wait'

WITH a large part of the world's health resources diverted towards fighting wave after wave of Covid-19, it is easy to forget about other viral diseases that are just as dangerous and that continue to take a heavy toll on lives around the world. For instance, at least one person dies of hepatitis-related illness every 30 seconds, according to the WHO. In Pakistan, there are between 12m and 15m people infected with either hepatitis B or C, while at least 150,000 new cases are reported every day. Independent data suggests that hepatitis B and C have proved far more lethal than Covid-19 so far, taking between 300 and 325 lives every day in the country. The actual number of infections may be far higher since a large number of cases go unreported. Unsafe medical practices and a poor system of sewage disposal and sanitation are responsible for the spread of all five forms of hepatitis in the country. While hepatitis B and C are transmitted through direct contact with or transfusion of bodily fluid, such as blood, other forms — A and E — are caused by consuming contaminated food and water.

Most patients in Pakistan become infected with hepatitis B and C at healthcare establishments, according to the WHO. The virus spreads through the transfusion of contaminated blood, improper sterilisation of surgical equipment and dialysis machines, the reuse of syringes by quacks and drug users, and the recycling of razors at barbershops. This speaks volumes for the negligence of the authorities who fail to penalise quacks and crack down on unsafe medical practices. Who can forget the 2019 HIV/AIDS outbreak in Ratodero, Sindh, where the reuse of syringes by a local doctor infected some 1,440 people, more than 1,000 of them children? Today, as the world observes World Hepatitis Day, the authorities should take a critical look at where they have gone wrong and address their lapses to reduce the prevalence of hepatitis in Pakistan. It is deeply unfortunate that Pakistan, despite producing affordable medicines to treat hepatitis C infections, has the highest hepatitis C prevalence rate in the world. The largest number of hepatitis C patients are in Punjab where 7pc of the population is said to be infected. 'Hepatitis can't wait' is the theme for this year's World Hepatitis Day, and the Prime Minister's Programme for Hepatitis must come up to expectations by ensuring nation-wide screening and establishing diagnostic centres.
(By Editorial, Dawn, 06, 28/07/2021)

Hepatitis killing three to four times more people than Covid-19, warn experts

Health experts and medical scientists have warned that the hepatitis B and C viral infections are a "pandemic within a pandemic", which are claiming three to four times more lives in Pakistan than Covid-19. They called for immediate measures for the prevention, screening and treatment of the disease.

They were speaking at an awareness session held on Tuesday at the Karachi Press Club in collaboration with Pakistan GI and Liver Diseases Society (PGLDS) in connection with World Hepatitis Day 2021, to highlight the global burden of viral hepatitis and to call for its elimination from the world by 2030. They stressed the need to have equal focus on hepatitis B and C.

"Hepatitis is three to four times more lethal viral infection in Pakistan where around 300 to 325 people are dying daily due to complications of hepatitis B and C," said Dr Lubna Kamani, president of PGLDS. "On the other hand, Covid-19 deaths hardly cross the figure of 100 in a single day. So there is a

need to have equal focus on the prevention, screening and treatment of hepatitis B and C in the country. It needs collective effort from health fraternity, government and the masses. We have to move fast before it goes out of control."

'There is a need to have equal focus on the prevention, screening and treatment of hepatitis B and C'

Dr Kamani, who is also a gastroenterologist associated with the Liaquat National Hospital and Aga Khan University, claimed that around 150,000 new cases of hepatitis B and C were emerging in Pakistan where the combined number of viral hepatitis patients was over 15 million, which is the largest number of people living with hepatitis B and C here after China.

"Hepatitis B and C are blood-borne diseases, which means that they are spread through an exchange of infected blood by using infected syringes, IV drips, unsterilized equipment used by dentists, needles for piercing etc. People should avoid getting injections and IV drips as much as possible," she added.

Another leading gastroenterologist associated with the Jinnah Postgraduate Medical Centre, Dr Nazish Butt, said hepatitis B and C were silent killers and if a person is infected with either of the virus, it remains silent in the body for years, damaging the liver of the infected person.

"The hepatitis B and C infections only come to the knowledge of an infected person when they are screened for some surgery or procedure or their liver is damaged to an extent where nothing can be done for them," she said and added that the government should launch mass screenings for hepatitis B and C in the country to ascertain its true burden on Pakistan.

Patron of the PGLDS Prof Dr Shahid Ahmed said awareness of hepatitis B and C was key to its prevention and treatment, saying it was now a treatable viral infection and added that dozens of non-governmental organisations and government health facilities were not only screening people for viral hepatitis but were also providing free medicines for its treatment.

Other experts, including Dr Amanullah Abbasi from Dow University of Health Sciences and Dr Sajjad Jamil from the Liaquat National Hospital, said awareness of hepatitis and other factors detrimental to liver was very low in society and urged the media to play its role in highlighting the preventive measures as well as vaccination against hepatitis B, Covid-19 and other vaccine-preventable diseases.

(By Imran Ayub Dawn, 13, 28/07/2021)

Reduction in polio cases

AFTER the long and tedious efforts of those running the national polio programme, there are signs that Pakistan might just be able to eradicate the crippling disease. With only one case of wild poliovirus reported so far this year, the hard work of Pakistan's polio workers, who walk from door to door in the face of rejection and threats to vaccinate youngsters, is finally paying off. It is even more significant that this progress has been made in the difficult era of Covid-19, when manpower and resources are difficult to muster, let alone manage. Last year, vaccination campaigns remained suspended for more than five months. Despite that, the only wild poliovirus case surfaced in Balochistan while eight cases of circulating vaccine-derived poliovirus type-2 have been reported. In 2020, there were 84 WPV and 135 cVDPV2 cases. The relatively low number of cases and negative environmental samples indicate that the poliovirus is indeed on the wane. However, experts warn that this progress is fragile and could be reversed if vaccination efforts are halted or compromised. Pakistan was on the brink of eliminating polio in 2018. But a complacent attitude dominated the last push, leading to an aggressive resurgence of polio in 2019 that overturned previous gains.

So, the authorities should not pat themselves on the back just yet. On the contrary, now is the time to double down on vaccination efforts to make way for Pakistan's exit from the tiny club of two countries (the other being Afghanistan) where the disease remains endemic. With a national immunisation drive beginning on Aug 2 and aiming to vaccinate over 23.6m children, it would be a good idea for the authorities to simultaneously launch a robust information campaign to educate the public. As 179,000 polio workers put themselves at risk yet again by going from door to door to vaccinate our children, the government must also do its bit to persuade reluctant parents to comply for their children's sake. Hopefully, with consistent efforts, Pakistan can root out polio.

(By Editorial, Dawn, 06, 31/07/2021)

Quacks and mental health

Pakistan has been late in catching up with the concept of mental health. To this day, many in the nation are unaware that mental healthcare exists due to lack of exposure and education. Their approaches to identifiable mental illnesses and conditions ranging from total neglect and ignorance to superstition and folk beliefs. And yet, estimates suggest that as many as 50 million Pakistanis may be suffering from mental disorders.

Among educated, urban Pakistanis, not only is there a better awareness of mental health, there is also an increasing demand for mental healthcare. Access to the Internet has allowed people to read up on all manners of disorders and conditions, and while this has spurred on curiosity, it has created a false sense of expertise. Not all information and practices are created equal, and a lot of pseudoscience is confused with legitimate clinical practices. Ideally, this is where the government has to step up. This is where a formal body composed of actual experts decides who gets a licence to set up shop, as with any other medical practice.

The murder of Noor Mukadam has inadvertently also shed a light on the murky side of the 'therapy business'. That her murderer, who some accounts suggest had a history of concerning behaviour, was supposedly moonlighting as a 'therapist' has created a healthy and much-needed discussion on legitimate mental healthcare and questionable practices that masquerade as such.

From dubious licences to pseudoscientific 'mind sciences', the space for mental health services has been polluted by quacks in Pakistan. It is easy to understand why. As things stand, the country is estimated to have only one licensed mental healthcare provider for every 400,000 citizens.

Going forward, the government and our higher education sector has a two-fold challenge. The first, of course, is to expedite the creation of licensing body for the mental healthcare sector. This is easier to do. The second, which would require a generational effort, is to produce a larger cohort of proper psychiatrists and clinical psychologists to narrow the space for snake-oil salesmen.

(By Editorial, The Express Tribune, 14, 03/08/2021)

'Hepatitis B and C killing millions'

As many as 1.1 million people died of hepatitis B and C in 2019, while an approximated 354 million are living with both strains of the virus across the world.

This was highlighted by Dr Ziauddin Hospital's Dr Anila Kazmi. She was addressing a virtual seminar titled "Hepatitis Can't Wait" to mark World Hepatitis Day.

Dr Kazmi stressed that such alarming statistics could be avoided through the timely testing, treatment and the vaccination of infants. The health expert pointed out that these strains of hepatitis can lead to liver cancer, cirrhosis and other conditions.

The purpose of the event was to create awareness among health professionals and the community to fight against hepatitis. The organisers agreed on the need to convey the urgency to eliminate hepatitis as a public health threat by 2030.

While shedding light on chronic hepatitis C and its management, Dr Ziauddin Hospital Consultant Gastroenterologist and Hepatologist Dr Sohail Hussain said Pakistan was facing an epidemic of hepatitis C.

"Almost 14 million people are infected with hepatitis C in Pakistan. Most of the people are unaware of their health status because the disease is asymptomatic in its initial course."

He said that according to the Pakistan Medical and Research Council, the prevalence of Hepatitis C virus HCV in the four provinces is as follows: Punjab 6.7 per cent, Sindh five per cent, Balochistan 1.5 per cent and Khyber Pakhtunkhwa 1.1 per cent.

He elaborated that Pakistan is a middle-income country and has limited resources. "Therefore, it should focus more on devising and implementing effective preventive strategies to reduce the disease burden of hepatitis C."

Dr Ziauddin Hospital Gastroenterologist and Hepatologist Dr Qamarul Arfin, while speaking about chronic hepatitis B and its complications, said it is a viral infection that attacks the liver and can cause both acute and chronic disease.

In 2021, WHO estimated that 12% to 25% of people with chronic hepatitis B infection will require treatment, depending on setting and eligibility criteria.

He said the virus is commonly transmitted from mother to child during birth and delivery, blood transfusion and other body fluids with an infected partner, unsafe injections and exposure to sharp instruments. WHO estimates that 296 million people were living with chronic hepatitis B infection in 2019, with 1.5 million new infections each year. "Hepatitis B resulted in an estimated 82,000 deaths mostly from primary liver cancer," he pointed out.

Presenting his expert views as a panelist, Dr Ziauddin Hospital Department of Gastroenterology Chairperson Prof. Nasir Laique said the medical facility he represents has a robust screening system with data monitoring and effective treatment of all pertinent cases.

Sharing the background and history of hepatitis day, Dr Ziauddin Hospital Services Director Dr Inayat Ali Khan said there is a need to lay emphasis on hepatitis vaccination programmes.

He added World Hepatitis Day creates an opportunity to educate people about the burden of these infections. He appreciated the Centre for Disease Control and Prevention's efforts and actions to combat viral hepatitis around the world.

(By Newspaper's Staff Reporter, The Express Tribune, 05, 04/08/2021)

JPMC's 'iron lady' retires

A day ahead of her retirement Jinnah Postgraduate Medical Centre (JPMC) Executive Director Dr Seemin Jamali is content with her 33 years of public service.



As the longest-serving Grade-21 executive director of the city's largest tertiary care hospital, Dr Jamali's name has become synonymous with JPMC's emergency ward, where she served for nearly three decades.

She retired on Thursday and her absence will be felt acutely by the hospital and the city at large.

Appointed as the executive director on November 18, 2016, Dr Jamali has tended to over 200 bomb blast victims, countless gunshot victims, casualties from accidents, building collapses, plane crashes as well as the thousands of people who routinely arrive at the government hospital's emergency ward.

The JPMC emergency ward treats up to 1,500 patients on average daily and almost all are tended to free of charge. As the facility receives around 75 per cent of the city's emergency cases, the number of patients rises exponentially in crisis situations. Besides, patients from Sindh and Balochistan's remote areas, where citizens are deprived of emergency health facilities, also frequent JPMC.

It was not easy being a woman and running the largest government hospital in a sprawling urban centre. She faced threats to her life, attacks and targeted campaigns aiming to malign her.

It hasn't been easy, she tells *The Express Tribune*, reminiscing over her years of service.

"Nobody can say I have ever refused service to anyone coming to this hospital," said Dr Jamali.

"I worked without prejudice."

Tending to all kinds of casualties and dealing with traumatised patients is not for the faint-hearted, even if they are doctors but Dr Jamali never faltered.

Among her patients and the medical community she is known as the 'iron lady', 'bullet lady' and also the 'bomb-proof lady'.

Sharing an anecdote, the senior doctor said that the first time she held a hand grenade was after she retrieved it from the pocket of an injured man in the emergency room. "I was unaware of what it was and carried it [out] without knowing," she recalled smiling.

"I also witnessed a blast in the hospital, apart from several other terrible attacks and incidents on the premises."

In November 2020 she was diagnosed with colon cancer and she continued working through her treatment before managing to successfully defeat it.

Dr Jamali graduated from Nawabshah Medical College in 1986 and completed her house job from Dr Ruth Pfau Civil Hospital, which was then known as Civil Hospital *Karachi*. Besides a Bachelor of Medicine and Bachelor of Surgery (MBBS) degree, she also completed her Masters in Primary Healthcare Management (MPHM) from Thailand and a postdoctoral fellowship in Emergency Care from the United States of America.

Her job at the JPMC's emergency ward was the first of her career.

"I do not have any private hospital. I served day and night [at the public facility] and am satisfied with my career as a doctor and the head of this hospital", Dr Jamali remarked.

When Dr Jamali joined the JPMC, the government hospital had no boundary wall. It had remained a challenge for all former heads of the hospital to have a wall constructed to separate the city's largest health facility from the city itself. A dhobi-ghat was set up almost inside the hospital premises while fumes emitting from parked cars and vehicles, noise pollution from street vendors and leering bystanders were constant.

Through her untiring efforts she managed to not only have the wall constructed but also managed to transform the facility such that it could match the services offered at more costly private sector hospitals.

Despite being the daughter of a highly respected civil servant, Ghulamullah Din Muhammad Memon popularly known as GD Memon - who is remembered to this day for his staunch stance for Sindh's water share when the Water Appropriation Award of 1991 was being debated - Dr Jamali managed to carve out a name for herself.

Through sheer will and dedication, she gained recognition among the medical community and citizens at large.

On her last working day (Tuesday) Dr Jamali could safely say that she has had cordial relationships with all political and social organisations. It isn't possible to serve a city like Karachi without the support of various stakeholders and political actors.

As she retires, Dr Jamali, who was recognised as a 'global hero' by the World Health Organisation for her services during the coronavirus pandemic and has received numerous awards including the Tamgha-e-Imtiaz in 2019, has no plans for the future.
(By Sameer Mandhro The Express Tribune, 04, 19/08/2021)

PMA condemns price increase of life-saving drugs

The Pakistan Medical Association (PMA) has condemned the increase in drug prices including that of essential and life-saving medicines, demanding that the federal government review its decision and withdraw a notification.

"We categorically reject this price hike. Unfortunately, this is the 11th time that the present government has increased drug prices during its three years' tenure," a PMA statement said.

This would compound difficulties of the poor already facing high inflation and bad economic situation in the country, it added.

"The most painful aspect of this development is that prices of essential and life-saving drugs have also been increased. This is against the fundamental rights of the people, half of which live below poverty line in the country. Life-saving medicines must always be available at low prices."

The association also cited several serious health issues being faced by the vast majority of the country's population and emphasised that the government in difficult times should have provided relief to people and reduced prices of drugs, most of which were now out of the reach of the common man.

"It's a known fact that inflation has already caused an alarming increase in food prices and the prices of other commodities of daily use. In such conditions, when there is scarcity of health facilities at public hospitals, this raise in medicine prices will add to people's misery who are already spending 50 to 60 per cent of their income on medicine and treatment," it said.

The association urged the government to improve public-sector hospitals and provide free medicines to all patients.
(By Newspaper's Staff Reporter, Dawn, 13, 28/08/2021)

Experts worried about rise of XDR typhoid among children, youngsters in city

Cases of typhoid are on the rise, particularly among children who are not vaccinated against the bacterial infection. Most of these cases are of extensively drug-resistant typhoid (XDR), emphasising the need for clean drinking water and hygienic living conditions.

"There has been a 50 per cent increase in typhoid cases compared to the situation three months back. I am seeing around 100 to 150 typhoid patients weekly at my clinics that I do in Korangi, FB Area and Keamari," said Dr Abdul Ghafoor Shoro, a senior general physician, while speaking to this reporter.

A majority of these cases were of XDR typhoid and involved teenagers and children, he added.

According to Dr Shoro, dengue cases are also being reported at healthcare facilities these days. Unfortunately, however, these common diseases are not getting the official attention they deserve.

'It seems that there is no disease left in the country except the coronavirus'

"It seems that there is no disease left in the country except the coronavirus. Nobody would disagree that it's a pandemic and national emergency, but you can't continue to ignore other public health issues," said Dr Shoro while warning against self-medication that might lead to antibiotic resistance and make XDR typhoid treatment more difficult.

According to experts, a person can test positive for both Covid-19 (a viral infection) and typhoid while there is no direct relation between the two. Also, Covid-19 makes the body's immune system weak and makes it vulnerable to other infections, including typhoid.

Persons with typhoid fever carry the bacteria in their bloodstream and intestinal tract. Symptoms include prolonged high fever, fatigue, headache, nausea, abdominal pain, and constipation or diarrhoea. Some patients may have a rash. Severe cases may lead to serious complications or even death. Typhoid fever can be confirmed through blood testing.

XDR typhoid is caused by a strain of the bacterium *Salmonella enterica* serotype Typhi that is resistant to at least five antibiotic classes recommended for treating typhoid fever. In 2016, its outbreak occurred in Sindh and later it spread throughout the country.

Unvaccinated children

Dr Khalid Shafi, a senior paediatrician associated with the Dow University of Health Sciences, also representing Pakistan Paediatric Association, said though the situation was not alarming, there had been a recent increase in typhoid cases.

"These children now reporting with typhoid are those who couldn't be vaccinated against the bacterial infection mainly due to restrictions on movement and lockdowns introduced to contain spread of Covid-19. These steps hampered the expanded programme for immunisation," he said.

The typhoid conjugate vaccine had been included in the EPI following an outbreak of XDR typhoid a few years back, he pointed out. "Also, the government had launched a massive typhoid vaccination drive in 2019 during which a reasonable number of child population in Sindh were vaccinated that brought a sharp decline in typhoid cases."

Dr Shafi was of the opinion that vaccination was one part of the strategy to prevent diseases. Other equally important components were the provision of safe drinking water and hygienic living conditions. "If we could just provide clean water to our population, we can prevent 50 per cent of infectious diseases, including hepatitis, cholera and dysentery. Besides, there is a need for creating awareness and education on hygiene and disease prevention."

Asked about his clinical assessment of typhoid cases, Dr Jamal Raza, former director of the National Institute of Child Health, now heading the government-run Sindh Institute of Child Health, said XDR typhoid consisted of around 80 per cent cases currently being diagnosed at the NICH, the largest tertiary care public sector hospital for children in the province.

He agreed to Dr Shafi's analysis that the situation was not alarming. "For the past two to three months, 30 to 50 typhoid cases are being reported in a month at the NICH. The majority of which required hospitalisation for 10 to 15 days. Treatment for XDR typhoid is costly and prolonged.

"The chances of mortality are around 2pc. Typhoid can kill if there is a prolonged delay in diagnosis and treatment."
(By Faiza Ilyas Dawn, 14, 30/08/2021)

Caring for special people

According to the 2017 census, there are less than one million disabled persons in Pakistan. Governments, private businesses and organisations are supporting special persons in various ways —most importantly by providing them jobs and necessary facilities. Societies the world over have realised that disability is not an insurmountable difficulty and special persons are as valuable for society as any other person. President Arif Alvi has called upon business houses and industrialists to employ special persons in their organisations to make them financially independent so that they can contribute to family income.

We all agree that special people need to be properly given gainful employment and society should take care of their special needs. However, what is of utmost importance is to avoid showing pity to special people because the show of pity, in most circumstances, all human beings despise — it is demeaning and causes inferiority complex in those who are pitied. Governments at different levels and private organisations have fixed certain quotas in jobs for people suffering from various types of physical disabilities and psychological problems. Governments and the private sector frequently announce that the physically disabled will be provided facilities like ramps, elevators and wheelchairs, etc. These promises seldom translate into reality. This also applies to announcements about reservations in jobs. It is not enough to make promises and announcements. People remain in the dark as to any follow-up actions on these pious declarations. The media is largely responsible for the ever-widening gap between promises and reality.

Special people should not be made to feel that the world has not been organised to take their needs into account. This perception can be removed by meeting their needs. There are great shining examples of the wheelchair-bound physicist Stephen Hawking and the blind, deaf and dumb Helen Keller. Disability did not hinder them in their intellectual pursuits as they have left deep footprints on the sands of time.
(By Editorial, The Express Tribune, 14, 20/09/2021)

Court questions NICVD's funds

The Sindh High Court sought on Monday a comparison between the *National Institute of Cardiovascular Diseases' (NICVD)* budget with the funds of other district hospitals.

Hearing a petition filed by Dr Tariq Shaikh, who brought forth corruption allegations against the NICVD and was dismissed from service, a two-member bench comprising Justice Salahuddin Panhwar and Justice Adnanul Karim Memon summoned the provincial health and finance secretaries at the next hearing.

The bench inquired as to how private practice was allowed at the hospital.

The counsel for NICVD's executive director advocate Ayan Memon said the Sindh government had given permission under a law, which directs that 70 per cent of the private practice income go to the doctors and 30 per cent to the hospital.

Justice Panhwar asked who Haider Awan was and the NICVD administration's counsel said Awan was a former employee and his contract had expired.

Addressing the NICVD's counsel Raza Rabbani, the court remarked: "You are a lawyer as well as a legislator. Tell us what kind of law has been made. Can private practice be allowed in a government hospital?"

During the hearing, the counsel for the petitioner argued that the Sindh government had given Rs40 billion to the hospital in the last five years to purchase equipment and pay salaries.

"We have the highest number of surgeries," said NICVD director Dr Nadeem Qamar.

At this, the bench cited the example of the Sindh Institute of Urology and Transplantation's (SIUT) Dr Adibul Hasan Rizvi and said that people give money when they know work is being done with honesty. The bench asked Dr Qamar if anyone had ever donated one or half a billion to his facility.

The court adjourned the hearing till October 14.

Arguments sought

Another two-member bench comprising Justice Nadeem Akhtar and Justice Muhammad Iqbal Kalhoro directed the counsels to prepare arguments in view of the Supreme Court's orders on the bail pleas of the accused in the assets beyond means corruption reference against Sindh Assembly Speaker Agha Siraj Durrani.

Durrani's counsel argued that the apex court in its decision had observed that further inquiry was needed on the matter. "The National Accountability Bureau indicted 19 others but did not ask for the details of their income. It was said that Durrani had bought benami properties in the names of others," contended the counsel.

The bench expressed annoyance at this and remarked that the counsel should restrict his arguments to the defence of his own client. The defence counsel stated that the properties in question were declared and tax returns of all the properties were available.

Directing the counsels to prepare arguments in light of the Supreme Court's order, the bench adjourned the hearing till September 21 (today).

Plea rejected

Meanwhile, another two-member bench comprising Justice Muhammad Iqbal Kalhoro and Justice Shamsuddin Abbasi rejected petitioner Mansoor Rajput's request to remove his name from the Rs5.67b graft reference against the Sindh information department.

According to the national anti-graft watchdog, Rajput caused a loss of over Rs147m to the national exchequer by exempting a private company from paying sales tax.

The defence counsel argued that the NAB had failed to produce evidence against his client.

After hearing the arguments, the bench rejected Rajput's plea.

Former Sindh minister Sharjeel Inam Memon and others are accused in the bureau's graft reference against the provincial information department. (By Newspaper's Staff Reporter, 05, 21/09/2021)

Vulnerable polio workers

The killing of three policemen guarding polio workers in August and September in Khyber-Pakhtunkhwa province has once again raised concerns about the safety of health workers and those providing them security. The targeted killings are apparently aimed at derailing the endeavours being made by the government to eradicate the crippling disease from the country. However, as things stand now, the recent uptick in attacks on polio teams might be part of the hybrid war, about which the authorities have regularly been warning. A two-pronged strategy seems to be part of such attacks. One, to instill fear in health workers and the police force; two, to cause panic among the masses and also to tarnish the image of Pakistan.

Attacks on polio teams in the country have intermittently been occurring since the early years of this century. For a long time, observers have been attributing these attacks to militant groups who are reportedly opposed to administration of polio drops as they see polio vaccines and other measures, aimed at the improvement of human health, part of a conspiracy to harm Muslims. The community, as a whole, has rejected this toxic view. So there is the need to keep all aspects of the issue in view while investigating the attacks on health workers and security personnel.

On Sunday, a policeman accompanying a team of polio workers was shot dead in Kohat district. In August, one cop had been gunned down in Peshawar and another in Dera Ismail Khan. So far no militant organisation has claimed responsibility for these attacks. Brave polio workers and security personnel have remained undeterred in the face of the repeated attacks. Anti-polio campaigns have been continuing, including the ongoing one. Our health services personnel and security forces have foiled conspiracies against the country. The fight against polio should go on as Pakistan and Afghanistan are the only countries in the world where polio is still being reported.

(By Editorial, The Express Tribune, 14, 21/09/2021)

Medical university languishes in desolation

The newly built campus of Peoples University of Medical and Health Sciences for Women (PUMHSW) in Nawabshah, has remained deprived of the most fundamental of amenities for some seven odd years.



The varsity, situated in the heart of the Shaheed Benazirabad District, the home constituency of the *Pakistan* Peoples Party (PPP) leadership, to date lacks access to drinking water, hygiene, sui gas, proper teaching staff, transport, infrastructure and other basic facilities.

Covert interviews with PUMHSW's students and teachers painted a ghastly picture of complete administrative anarchy on campus, which those tied to the institution believe has been going against the very purpose of the medical university.

"For the last two years, there has been no permanent vice-chancellor to look after the administrative affairs of the public varsity. A retired professor of surgery has been given the charge of the coveted post since April 2019. Apart from this, most of the administrative positions are occupied by the influential political figures who afford no sincerity to the institution's cause," revealed one faculty member on the

condition of anonymity.

It is however to be noted that People's University's issue is not one that stems from lack of budget or stifling finances, but rather the lack of interest of those who sit at the helm of the institution's fate. "Surprisingly, PUMHSW is actually one of the top funded universities in terms of budget," commented the faculty member, adding that lack of sincere utilisation of the handsome budget is what's been the university's bane all along.

All the five departments of the university accommodate a total of 2,000 students with more than 100 faculty members and 150 staff- all of whom have no access to potable water on campus.

“Underground water is salty and is not fit for human consumption. The water supply scheme is partially functional as people responsible for running it mostly remain absent from duty. Many students are suffering from dandruff, hair loss, skin and other diseases because of it,” said Rukhsana Saleem, a second year student of physiotherapy. “Almost all the students buy bottled water for drinking purposes and use underground salty water for kitchen, washing clothes and bathing etc.” she added.

The student’s claims appear to be backed by water and soil tests conducted by another university. They revealed the physico-chemical parameters of water samples from the area to be above the permissible limit prescribed by the Environmental Protection Agency (EPA) and WHO water quality standards.

According to a senior professor of the university, in addition to chemical contamination, the report also warned of huge populations of Escherichia Coli to be present in the waters. “It is one of the most frequent causes of many common bacterial infections including cholecystitis, bacteremia, cholangitis, urinary tract infection (UTI), and traveler’s diarrhea, and other clinical infections such as neonatal meningitis and pneumonia,” he explained.

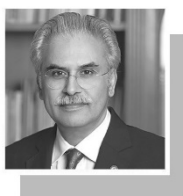
A fourth-year pharmacy student who wished not to be named revealed that the campus does not even have access to Sui Gas, and like the hostels, the university’s labs are also reliant on unsafe LPG cylinders.

On the matter of administrative affairs, an official privy to the case alleged that the position of acting vice chancellor (VC) should last three months or so, but incumbent VC Professor Dr Gulshan Memon has almost finished two years on the position. Despite many attempts, contact with the acting vice chancellor of PUMHSW could not be ascertained. However, Pro-vice chancellor of the university Professor Dr Saleh was of the opinion that the campus is still new, and the problems would be resolved with the passage of time.

(By Hafeez Tunio The Express Tribune, 04, 23/09/2021)

Foundation of healthcare

THE foundation of healthcare is primary healthcare. No country has been able to improve its health indicators without strengthening its PHC system.



Universal health coverage, which has been our stated public policy for some time and is to be achieved by 2030 in the context of the Sustainable Development Goals, is not possible without an effectively functioning PHC. Pakistan has worrying health indicators. WHO considers PHC as the bedrock for advancing UHC. It is also not possible to put in place essential public health functions without a well-established PHC. The Covid-19 experience has unequivocally demonstrated this.

The historic Alma Ata declaration, an outcome of an international conference on PHC in 1978 in the then Soviet socialist republic of Kazakhstan, is considered among the most significant public health milestones of the last century and establishes PHC as the key to ‘health for all’. On the 40th anniversary of the Alma-Ata Declaration in 2018, WHO, Unicef and the Kazakhstan government again co-hosted a global

conference on PHC and reaffirmed the importance of a strong PHC as an essential condition for achieving UHC.

PHC is a combination of community health services, ie at the household level provided through Lady Health Workers, midwives, vaccinators etc, and the health services provided at the PHC facility level to ambulatory patients. Currently in Pakistan, community health services are almost entirely provided by the public sector while facility-level services are provided by both public and private sectors. Public-sector facilities providing PHC services include Basic Health Units (BHUs), dispensaries, mother and child centres, rural health centres (RHCs) and outpatient departments of hospitals in cities. In the private sector, PHC is provided by general physicians and OPDs of private hospitals in the cities. People also seek primary care from homeopathic practitioners, hakims and practitioners of other systems of treatment in a weakly regulated private sector.

In the 1980s and 1990s, Pakistan built a national network of BHUs and RHCs with the idea that each union council with a population of 5,000 to 25,000 must have one BHU. In order to provide community health services, a national LHW programme was established. Currently, some 90,000 LHWs cater to some 115 million people. The 18th Amendment, however, has fragmented and politicised this vital national programme. This along with the private sector provides a good infrastructure for an effective PHC system in the country. The functioning of this system is, however, far from satisfactory.

Primary healthcare is as much for healthy individuals as it for those suffering from ill health.

PHC is not just for patients. It is as much for healthy individuals of all ages in terms of protecting them from disease and injury and risks to their health. The risks are chiefly environmental — quality of air, the water we consume, etc. — and behavioural — smoking, sedentary lifestyle, etc. Preventive and promotive health services hence are part of PHC. Likewise, rehabilitative services for disabled people and convalescents are part of PHC. Care of the terminally ill at home ie palliative services are also part of PHC. Research on health services has established that around 70 per cent of essential health services can be provided at the PHC level.

Apart from individual services, there are some essential public health functions including disease surveillance, health information collection, emergency preparedness, health communication and research. These functions are also performed at the PHC level. Lastly, since health is also affected by factors that are not directly in the control of the health ministries eg nutrition, safe drinking water, the sewerage system, education etc., collaboration with other sectors at the local level is also part of PHC. Timely cure of minor ailments and injuries, guidance on reproductive health to young women, antenatal care, family planning, essential vaccination, child growth monitoring, screening for diseases, nutritional guidance, home care for bedridden elders etc all take place at the PHC level.

PHC is not just a level of healthcare. It is also a philosophy of care and social well-being. It is a provision of healthcare at the household and community level in collaboration with other departments and with facilities that are easily accessible to the people. Ensuring the active involvement of people in the provision of healthcare, in its widest sense, is crucial. People must be informed, they must be consulted and they must monitor. Institutionalised community involvement through health committees in the context of local governments is the best and sustainable approach.

Despite its critical importance, somehow PHC in Pakistan is perceived as second-rate healthcare for the poor. The biggest hurdle in establishing a quality PHC system in the country is this elitist mindset. The rich and powerful go to big, expensive hospitals in large cities and BHUs and LHWs are for the rural peri-urban poor. Because of the weak PHC system, most patients go directly to tertiary-level hospitals even for minor ailments and hence the overcrowded and suffocating OPDs of big hospitals.

In a well-functioning health system, apart from emergency patients all other patients should be digitally referred to higher levels of healthcare. PHC in this sense is considered a gatekeeper for secondary- and tertiary-level care. Even our medical education system, both public and private, does not expose medical students to PHC settings. Until these perceptions and practices change, it is difficult to expect a vibrant and functional PHC.

The elitism in health also exists at the policy level. A review of our national and provincial budget documents has only a cursory, if any, mention of PHC. Even the periodic 'National Health Accounts' by the Pakistan Bureau of Statistics do not provide information about the expenditures on PHC, nor about the distribution of resources between the primary, secondary and tertiary levels of healthcare. An estimate is that the bulk of the health budget is spent on big hospitals rather than on PHC.

We have to make a drastic shift towards PHC if we are really interested in advancing UHC, improving the quality of healthcare and our health indicators in the country.

(By Zafar Mirza Dawn, 06, 24/09/2021)

'Heart diseases more common among young people in Pakistan'

Emphasising the need for a healthy diet and lifestyle, medical experts said on Tuesday that younger population in Pakistan today suffered more from heart diseases than the older population and that the prevalence of hypertension, a major risk factor for heart diseases, had increased multiple times in adults.

They also called upon the government to activate regulatory bodies to inspect restaurants and hotels and examine the quality of food on sale.

These views were expressed at a press conference held at the Karachi Press Club by the Pakistan Cardiac Society (PCS) in connection with World Heart Day.

This year's theme is 'Harnessing the power of digital health'.

Responding to a question about changes in disease burden over the years, Prof Abdul Rasheed Khan representing PCS said recent studies in Pakistan had shown that younger population (less than 50) were suffering more from heart diseases than the older population and the prevalence of hypertension had increased from 17 per cent in 1994 to 46pc in adults in recent years.

"In fact, these days, teenagers are reporting to us with heart diseases. It's an alarming situation and we need to pay attention to what we eat and how we live," he said, adding the major risk factors for heart diseases were increased urbanisation and stress, unhealthy diet, consumption of tobacco in any form, sedentary lifestyle and pollution.

Excessive use of salt

The prevalence of hypertension in some areas of Balochistan, he pointed out, was found to be as high as 58pc.

The reason was excessive use of salt in food.

On the link between Covid-19 and cardiovascular disease, Prof Syed Ishtiaq Rasool explained that though they seemed to have no direct association, disease (Covid-19) severity was found to be high in heart patients with poor compliance with medical advice as well as those with uncontrolled diabetes and hypertension.

Earlier, experts underscored the need for creating awareness of heart health through digital means particularly during the ongoing pandemic that had reduced physical contacts and in-person meetings.

They regretted encroachment of public spaces which, they said, had adverse impact on people's physical and mental health.

250,000 people die annually in Pakistan

At events organised by the Dow University of Health Sciences (DUHS) to mark World Heart Day, speakers said 17 million people in the world died of heart diseases every year whereas the mortality figure due to cardiovascular diseases in Pakistan stood at 250,000.

"Arterial blockage is an important cause of cardiovascular diseases. But, this can be prevented through positive changes in life. Quitting smoking and starting regular walk and exercise are vital for heart health," said Dr Tariq Farman heading the Dow Institute of Cardiology at DUHS.

He also spoke about the different cardiac treatments available in Pakistan and said they were costly and at times of no use. "This happens when the patient arrives too late, resulting in loss of life. There are, however, situations in which the patient is on medicines for life. At the Dow institute, we have all the latest treatment facilities. But, we will still advise you to be careful and keep your heart away from a doctor."

DUHS Vice Chancellor Prof Muhammad Saeed Quraishi, Pro Vice Chancellor Prof Zarnaz Wahid and Dr Rustam Zaman also spoke.

(By Faiza Ilyas Dawn, 14, 29/09/2021)

Patients to get free Gamma Knife treatment on Ojha campus

One of the most advanced forms of radiation therapy — Gamma Knife — that uses multiple focused beams of high dose radiation to treat lesions in the brain has been installed and inaugurated at the Dow University of Health Sciences (DUHS), Ojha campus.

It is the first time that this facility is introduced in a public-sector hospital in the country for free treatment of patients, said Sindh Chief Minister Syed Murad Ali Shah while inaugurating the facility on the Ojha campus.

"This is a very expensive treatment and each procedure/ treatment costs Rs250,000 and around 500 procedures are adopted in a year, therefore the provincial government would bear its entire cost and the patients' treatment would be made totally free," he added.

Health Minister Dr Azra Fazal Pechuho, parliamentary secretary on health Qasim Siraj Soomro, health secretary Dr Kazim Jatoi, Vice Chancellor of Dow University Prof Saeed Qureshi and others were present on the occasion.

Although CyberKnife, which is installed at the Jinnah Postgraduate Medical Centre, is a more recent invention than Gamma Knife and considered to be more comfortable for patients, the Gamma Knife radiosurgery is typically done in a fewer sessions and stated to be designed specifically for brain, according to experts.

500 patients will receive the treatment every year

The chief minister said that he had been told that there were more than 400 units installed worldwide, and this was the first Gamma Knife installed in the public sector in Pakistan which was something to be proud of.

"We have established some remarkable facilities in health sector such as Cyber Knife at JPMC, Liver Transplantation Institute at Gambat and Gamma Knife at the Dow university hospital," he said.

"We will keep serving the people of Sindh without considering any criticism of opposition parties," he vowed.

The CM said it was the performance of the PPP government in Sindh that the people gave them more votes and seats in every election.

"I don't care what our opponents are propagating — we believe in service to the people of the province and upgrading the life of poor people," he said.

Talking about the briefing given to him about the newly established facility, Mr Shah said that Gamma Knife radiosurgery was a very precise form of radiation therapy that focused intense beams of gamma rays with pinpoint accuracy to treat lesions in the brain.

Various uses

"Gamma Knife radiosurgery is called 'surgery' because its outcome is similar to that of a surgical procedure," he said.

"It may be noted that Gamma Knife radiosurgery can be effective in treating tumours, blood vessel malformations and nerve conditions.

"The Gamma Knife radiosurgery works by damaging or destroying the DNA of tumour cells so that these cells cannot reproduce or grow. Over the time, the brain tumour shrinks."

The CM said that the Gamma Knife Centre was home to the Leksell Gamma Knife Icon, "the latest Gamma Knife system".

This stationary unit enables our neurosurgeons and radiation oncologists to provide world-class care, he said and added Leksell Gamma Knife Icon was designed specifically for treating lesions in the brain and has the "greatest precision and accuracy of any radiosurgery system to date".

Mr Shah said that he had been told that Gamma Knife was painless, bloodless and day care treatment.

"It is used to treat certain conditions of the brain, many of which can only be treated by open surgery, if this facility is not available."

Brain conditions treatment

At the Gamma Knife Centre, expert neurosurgeons and radiation oncologists will treat brain conditions such as primary brain tumours, in particular, acoustic neuroma/vestibular schwannoma, pituitary tumour, craniopharyngioma, glioma, meningioma, hemangioblastoma, glomus jugulare tumour and additionally: chordoma, paediatric brain tumours, arteriovenous malformation, trigeminal neuralgia, essential tremor, epilepsy and obsessive-compulsive disorder.

Mr Shah said that he had been told that their facility could treat 500 patients a year and each patient had to bear Rs250,000 cost for the treatment. Therefore, Mr Shah said that he had directed the vice chancellor to carry out treatment of patients for free and the Sindh government would bear all the expenditures.

Health Minister Dr Azra Fazal Pechuho, speaking on the occasion, said that another advantage of the Leksell Gamma Knife Icon was its superior ability to spare healthy brain tissue, as compared with other systems.

Replying to a question about the KCR, the chief minister said it was the need of the city and must be established.

He added that its initial PC-1 was approved and hoped that the federal government would complete it in time.

(By Tahir Siddiqui Dawn, 13, 02/10/2021)

Fighting dengue

THE Met department has recently warned of a spike in dengue cases in the country, saying that the post-monsoon weather conditions are conducive to the spread of the vector-borne illness. It has mentioned eight major cities — Karachi, Hyderabad, Peshawar, Islamabad, Lahore, Multan, Faisalabad and Rawalpindi — as likely hotspots that will be particularly vulnerable to the *Aedes aegypti* onslaught from Oct 10 to Nov 20. Hospital resources in several cities are already stretched thin as doctors treat Covid cases. With dengue predicted to strike with full force in the next few days, the necessary preventive steps must be taken by the health and municipal authorities to minimise the spread of the viral illness. The number of cases is already on the rise in several parts of the country. For instance, in Rawalpindi, more than 500 patients were treated at public-sector hospitals alone in just two weeks. Many among them were admitted.

There are various steps that can be taken by the health authorities and public to reduce transmission. Foremost among them is the prevention of mosquito breeding. This would involve the immediate draining of stagnant water and ensuring regular fumigation. Using insect repellants, wearing long-sleeved garments and sleeping under mosquito nets are also advised to guard against mosquito bites. These recommendations must form the basis of a sustained public-awareness campaign. But the public will only take its cue from the government. Can the latter deliver? There is certainly a local precedent that has been internationally acclaimed. Lahore was in the grip of a dengue epidemic in 2011. The provincial administration of then chief minister Shehbaz Sharif resolved to eliminate breeding grounds by implementing advice from countries like Sri Lanka which has been engaged in a running battle with dengue. Government departments worked overtime and innovative solutions were introduced. The result was that the number of cases came down from 21,000 in 2011 to 258 in 2012, according to a World Bank document. This shows that the perils can be minimised if the health authorities take the issue seriously.

(By Editorial, Dawn, 06, 05/10/2021)

Sindh govt to give Rs12,000 to every HIV-infected child

The Sindh government is set to disburse over Rs13 million — Rs12000 each child — among over 1,000 families whose children got infected with HIV in Ratodero in district Larkana, officials and sources said on Wednesday.

The city of Larkana witnessed the largest-ever infectious disease outbreak among children in 2019 when hundreds of children were found suffering from the virus, they added.

The provincial authorities have “almost finalised” the process and documentary formalities of the initiative have also been completed. The scheme was launched in late 2019 when the provincial authorities had decided to establish a Rs1 billion endowment fund for the welfare and rehabilitation of children and their families, but the families had to wait for over two years to get their first instalment finally in June earlier this year.

Rs1bn endowment fund

“It is the decision of the Sindh government to provide financial assistance to families of the HIV-infected children in Ratodero through a billion-rupee endowment fund for the rehabilitation and welfare of patients and their families,” said Dr Irshad Kazmi, deputy director general of the provincial infectious diseases department.

Over 1,500 cases have been reported by June in Ratodero since the outbreak of the infectious disease in 2019

“The fund was established with the initial amount of Rs250 million so in the first chunk we disbursed around Rs3.373 million among families of 997 HIV-infected children. Now the amount and the number of families of the infected children both have increased and hopefully the process would start next month after a few formalities of small nature are completed,” he said.

Till October 2019, around 1,100 residents of Ratodero taluka in Larkana district had tested positive for HIV out of whom at least 900 were children.

Almost two years later, by June 2021, the number of infected patients increased to 1,500, according to the Sindh health department figures.

There are fears that the tragedy is far from over.

Health experts have raised alarm over reports of an increasing number of HIV cases reported not only in the ‘HIV-positive taluka’, as Ratodero has now come to be known, but also the adjoining localities.

Serious criticism on govt

Facing serious criticism for its failure to keep check on the staggering rise in the number of deadly disease cases and then failure in providing health and treatment facilities in its stronghold town despite being in the power for more than 13 years, the Pakistan Peoples Party (PPP) in a damage control move had announced to set up the Rs1bn endowment fund in the aftermath of the Ratodero outbreak.

According to local and foreign experts, at least 52 HIV-infected children have died over the past two years, while new cases are still being reported in both adults and children.

However, the authorities sound confident that the initiative of financial assistance and enhanced focus of health experts would help offer better treatment of the infected children and contain the spread of the viral disease.

“A few months ago, as many as 997 families of children infected with HIV in Ratodero and some other areas of Larkana were provided with financial assistance,” said another official.

“The government paid Rs3,384 to a family against each infected child which made total disbursement Rs3.373 million. This time with the increase in amount of endowment fund, a family of each infected child would receive Rs12,000 that would make total disbursement more than Rs13 million.

Families of some 1,110 infected children would receive the assistance this time,” the official said.
(By Imran Ayub Dawn, 13, 07/10/2021)

Mental health for all

THE fact that nearly 35pc of Pakistanis suffer from some form of mental illness and require psychological help — as per the Pakistan Association for Mental Health — should be enough to jolt our policymakers into action. Across the world, the long-term effects of Covid-19 have only exacerbated an existing phenomenon. The WHO was already expecting the number of global deaths caused by depression to surpass the fatalities resulting from cancer by 2020. Studies indicate that mental health illnesses are more prevalent in low- and middle-income countries, a category that includes Pakistan. Some 13,000 people commit suicide every year in the country, according to the PAMH, and out of them 95pc suffer from mental disorders. Lack of political attention to the issue and misconceptions about mental health has kept the discourse, and also the understanding of the larger impact, fairly limited. People with mental disorders are stigmatised. Their human rights are often violated on grounds of questionable cultural and ‘religious’ beliefs. In the larger context, however, it is also a fact that the common man finds it difficult to access life-saving medical intervention. Modern mental health facilities appear to be a distant dream to some; indeed, there is huge scarcity of specialists in the country who can effectively treat mental illnesses. Thus it is hardly surprising that the majority of sufferers do not receive any help or counselling. Many turn to quacks and so-called holy men for succour. The 2001 mental health ordinance barely delivered and after devolution the provinces have not made strong and effective mental health laws a priority.

Recently, we have seen several news reports about the soaring number of suicides in the country. This should be a wakeup call to have detailed conversations on the topic. Recognition of the problem is rising among policymakers, the courts and the police but progress has been slow on an issue of urgency. It is crucial for the government to take steps to synergise mental health interventions with the primary healthcare infrastructure in the country. Mental disorders should be accorded the status of a medical illness which they are. Moreover, a robust campaign is also needed to convince the public that there are treatments for mental illnesses and that no good is going to come out of stigmatising the sufferers. On World Mental Health Day today, we must note that mental illnesses are a cry for help which family members and the community at large should heed.
(By Editorial, Dawn, 06, 10/10/2021)

Doctors go on early morning bicycle ride to promote healthy lifestyle

As dawn broke on Sunday, one noticed several bicycles lined up at the Aga Khan University (AKU) Hospital's Sports and Rehabilitation Centre.

There was also one restless soul there busy trying bicycles out ahead of the 'Healthy Heart Bicycle Ride' organised by Docs on Wheels.

"A bicycle is like a shoe, which should fit you just right," Dr Aamir Jafarey from general surgery at the AKU informed Dawn as he pulled out another pair of wheels to get on and try.

The others who joined him were not that restless though. Several had brought their own cycles. Dr Saulat Fatmi, one of the founders of Docs on Wheels, said that the wheels parked there already were rented but those who were regular bikers, like himself, had their own bicycles for the ride.

About Doc on Wheels, he said that they are a group of enthusiastic doctors who started cycling over a year ago, which soon turned into a regular activity. "We would gather at 6.15am four times a week and cycle up to 18kms," he said.

Some 150 medical students, consultants take part in a cycle ride from AKUH to DHA Phase 8

About the current ride, he said that they have arranged a cycle ride for some 150 AKU medical students and consultants for the AKU to DHA Phase 8 ride. "It is called the 'Healthy Heart Bicycle Ride' to create awareness of healthy activities such as cycling to prevent heart disease," he said, adding that 99 per cent of all the riders were doctors, senior consultants and students at the AKU.

AKUH CEO Dr Shahid Shafi, himself a part of the first batch of students who passed out from the university in 1988, was glad to see so many medical students also taking part in the ride.

"I have only recently returned from Dallas after spending some 30 years there. And seeing all these students brings back memories. I am also here with them today to support heart health," he said. "Heart diseases are on the rise and they affect everyone though they go under-recognised in women," he added.

Enthusiastic students

Zainab Nadeem and Zainab Khan, both students of fifth year who wanted to be referred to as the 'Dynamic Zainabs', said that they were a healthy and very motivated duo. "I had dates for breakfast," said Zainab Nadeem and Zainab Khan added to that with: "I had apples for breakfast."

Meanwhile, Mohammed Musa Hamza, a first year student, said that he was there with 37 other first year students.

Dean of the AKU Medical College Dr Adil Haider said that he was quite used to cycling around Karachi.

"I used to cycle every day during the pandemic just to keep on going," he said. "It is a very healthy exercise and once you get into the habit of doing it daily you don't want to stop or miss a day," he said.

Dr Dinaz Ghandhi and Sajida Bandukwala had arrived at the starting point at AKUH from their homes in DHA Phase-I and Zamzama, respectively, on their bikes. Already warmed up they were keen to start the ride. "The sun will be out soon, so we better be on our way," said Dr Dinaz as they frowned at Dr A. Jafarey who was still trying out bicycles.

Dr Asad Ali said that he used to cycle every day before coming to hospital during the pandemic as there was less traffic on the roads then but now he cycles during the weekends.

Dr Rizwan Khan, Dr Haroon Tayyab, Dr Fazal Rahman and anaesthesiologist Dr Khalid Samad, all part of Docs on Wheels along with Dr S. Fatmi, also helped the other bikers move along smoothly in a group as they would also stop occasionally during the ride to control traffic even though there was police to keep the roads clear for them.

There was also a coach moving with the bikers for them to leave the race and get on in case they felt tired. "It's a fun ride, so you can also do that," Dr Fatmi reminded.

From AKU to Karsaz and then passing through Sharea Faisal, FTC, Kala Pul, Khayaban-i-Ittehad, the bikers finally reached their destination, the Creek Club in DHA Phase-8 where a scrumptious breakfast awaited them.

(By Shazia Hasan Dawn, 13, 11/10/2021)

Polio progress

With only one polio case reported so far in 2021, Pakistan appears to be on the brink of eliminating polio. However, the prediction should be considered with cautious optimism, because we have been here several times over the past few decades. We must also acknowledge the threat posed by a new refugee influx from Afghanistan – the only other country in the world where polio remains endemic. Still, on the bright side, Afghanistan has also registered only one case this year. Depending on how well vaccination efforts go under the Taliban government, we could realistically see both countries eliminate the disease very soon.

Still, whatever the reason for the remarkable improvement, we must also note that eliminating polio would be less a cause for celebration and more for relief and introspection. As we noted, Afghanistan is the only other country in the world where polio is considered endemic. But Kabul at least has an 'excuse' of decades of civil war and the complete absence of writ of the state over vast swathes of the country. What is our excuse? We must also note that losing endemic status does not mean that the polio eradication effort will be over. Vaccine-derived poliovirus remains a problem, with eight cases reported this year, down from 135 last year.

Vaccine-derived poliovirus is a side effect of the oral poliovirus vaccine (OPV), which is cheaper and easier to administer than the injected poliovirus vaccine (IPV). However, OPV uses a weakened strain of the virus, while IPV uses an inactivated strain. This means that in communities with low immunisation rates and poor sanitation, the virus can spread from children who recently received the OPV to unvaccinated people, mutating along the way and eventually becoming strong enough again to cause serious infections. This is why cases continue to pop up in several African and central Asian countries. As IPV is not cost-effective for developing countries – most of which rely on donors to fund polio vaccination – the only solution is continuing to raise vaccination rates.

(By Editorial, The Express Tribune, 14, 12/10/2021)

Dengue outbreak

DENGUE cases continue to rise at an alarming rate in several cities of KP and Punjab. According to data provided by the KP government, a grand total of 3,300 cases have been reported in the province. News reports indicate that the authorities are having a hard time persuading the public to adopt precautionary measures. On the other hand, it isn't clear what steps the authorities have taken to prevent the breeding of mosquitoes in high-risk areas. According to a news report, a large number of citizens have complained that no fumigation has been carried out in their areas.

Meanwhile, the situation is even grimmer in Punjab, where the total number of cases so far this year is reported to be around 4,900; a dozen people have died from dengue complications. The city most affected is Lahore, where at the time of writing 3,666 cases had been confirmed. At present, around 1,300 patients are being treated in hospitals across the province, with more than 600 in Lahore alone. The cases are expected to rise further, prompting the authorities to set up a 280-bed field hospital in Lahore's Expo Centre. In Islamabad and Rawalpindi, cases continue to rise despite the naive optimism of health authorities that cooler weather due to the recent rains would automatically result in a drop in dengue cases. Over 200 cases were reported from the twin cities on Tuesday. While the situation has not yet assumed the proportions seen in 2019, when around 17,000 cases were reported from the Islamabad area alone, the numbers are rising rapidly, and, if not checked might further strain the already stressed healthcare system. Besides monitoring the situation closely and carrying out fumigation, the authorities should also seek expert help to tackle the dengue outbreak which has become a regular feature. Moreover, the KP and Punjab governments should launch an aggressive information campaign to address the misinformation about the cause and nature of dengue, while encouraging people to take precautions.

(By Editorial, Dawn, 06, 14/10/2021)

Gutka production up amid pandemic

While the government had banned the sale of gutka just months before the *coronavirus* pandemic gripped Karachi, the cessation could only last a few weeks.

With too much time to spare during the resulting lockdowns, the public, highly dependent on the narcotic, had soon found ways to not only DIY their own chewing tobacco at home but also to peddle it in the back-alleys.

Before the crackdown in November 2019, most of the gutka circulated in the province used to be manufactured in the urban metropolis of Karachi and pushed to other parts of the province, making the port city the gutka-capital of *Sindh*.

So when the government curbed the sale, its ripples were most severely felt in far-flung villages and island settlements, where users were entirely reliant on shipments from *Karachi*.

In the port city, however, the ban only had a short-lived impact on gutka consumption.

"Youngsters addicted to the tobacco chew soon started mixing small areca nut, processed tobacco and slaked lime to make homemade gutka and mawa. They would then go around the city on motorcycles and bootleg it to whoever was willing to buy at black-market rates," told Zeeshan Bengali, who works at a local water plant.

This too couldn't work for too long, and consumers were quick to realise that the easy recipe did not justify the extortionate black-market rates which the bootleggers were charging. "Now most users have started making their own chewing tobacco at home," said a betel nut seller on conditions of anonymity.

According to the seller, in most parts of the city, the habit of eating gutka has been replaced by mawa, while gutka is mostly manufactured and used in Lyari, Malir, Baldia Town and other areas. "Mawa sells for Rs100 to Rs120 per packet, and has to be prepared for a stipulated amount of time. The variety that is prepared for a whole day can sell for over Rs200 a packet," the betel seller revealed.

However, regardless of the form, any kind of chewing tobacco, be it gutka or mawa, can be severely damaging to health, exponentially increase the possibility of developing oral cancer. Users complain that when not consumed, they start to undergo withdrawal effects like lethargy, dizziness and brain fog.

According to Pakistan Medical Association (PMA) General Secretary Prof Dr Qaiser Sajjad, the consumption of tobacco-based chew has resulted in an alarming increase in the number of oral cancer patients among the metropolis' population.

"Although, traditionally it would be men who'd burn their income on procuring and consuming gutka and mawa, now even women in the port city have increasingly started consuming the narcotic," informed Social activist Tarannum Naz.

Speaking in this regard, Sindh Chief Minister's Special Assistant Waqar Mehdi said that his government has done whatever it could to ban the sale of gutka and mawa, but the people too will have to put in their own effort to quit the habit of consuming tobacco-based chews.

"The police have been instructed to reprimand anyone seen selling, consuming, carrying or peddling gutka or mawa. Strict action will be taken against these people, so the public is requested to be wise and make better decisions for themselves," he told *The Express Tribune*.

(By Aamir Khan The Express Tribune, 04, 17/10/2021)

Breast cancer awareness

LIKE so many other issues relating to women's health in Pakistan, breast cancer is not a subject of serious discussion in the country, largely on account of social taboos. Breast cancer mortality rates in Pakistan are said to be the highest in Asia. The extent of its prevalence can be gauged by the fact that at least 90,000 new cases are diagnosed every year in the country and, annually, some 40,000 women succumb to it. This might just be the tip of the iceberg when one considers that most women are reluctant to talk about any abnormality in their breasts or to seek medical assistance. It is tragic that a large number of women should succumb to a largely treatable — especially if detected early — disease just because they were ashamed to talk about it with doctors.

October is observed across the world as the month of breast cancer awareness. It is among the most prevalent cancers in the world, and the most common in women. According to the WHO, breast cancer caused around 685,000 deaths worldwide in 2020 and 2.3m women were diagnosed with it. Though awareness about the disease in Pakistan has witnessed an improvement in urban areas where there is greater education and better health facilities, not much has changed for the rural poor who can only turn to understaffed and ill-equipped dispensaries or Basic Health Units for medical assistance. A number of public and private buildings have been lit up pink this month, while the government has also launched an awareness campaign via a recorded message on mobile networks. But that is not enough. The government should launch a nation-wide free screening campaign in collaboration with private hospitals, at least in the month of October, for the early detection of new cases. The assurance that female medical staff would conduct the screening may encourage more women to get themselves checked. A national cancer registry is also needed so that all cases become part of the public record for effective policymaking.

(By Editorial, Dawn, 06, 21/10/2021)

Three NICVD employees sacked for taking bribes from patients

The National Institute of Cardiovascular Diseases (NICVD) has terminated the services of its three employees on charges of corruption claiming that the action has been taken after a thorough inquiry that proved bribery and misappropriation by the three members of the outpatient department (OPD) visited by some half a million patients every year.

An official said that the NICVD initiated an inquiry after reports of bribery at the OPD emerged which initially led to suspension of the three employees, including a female staff member.

“All the three officials were suspended on October 1 after reports of their malpractices surfaced,” he said.

“Under the defined laws, on October 8, an inquiry committee was set up to look into the complaints against the suspended officials. It was all done to maintain the legal spirit of the procedure and meet all requirements defined in the laws. If the suspects were sacked without any inquiry, they could have approached a court and challenged the decision.”

The officer in charge of OPD is among the dismissed staff

After completing all formalities, meeting the defined rules and finding the suspects involved in malpractices, all the three suspects were dismissed from services, the official added.

The sacked officials included the in charge of the NICVD’s OPD, unit receptionist of the department and female nursing staff, who were found taking bribes from patients and their families.

“The OPD is an indispensable part of NICVD as this is the first point of contact with our patients. Catering to at least half a million patients per year, our OPD is equipped with its own ECG, ETT and laboratory facilities as well as a pharmacy where medicines are provided at minimal rates to patients on a fortnightly basis and such practices can badly damage the whole system,” he added.

In the news for wrong reasons

Considered as one of the largest healthcare facilities in the country and represented as one of its achievements by the Sindh government of the Pakistan Peoples Party (PPP), the NICVD, however, has been in the headlines for the past couple of years for all the wrong reasons.

Only a couple of months ago, an anti-spurious drugs body and a pharmaceutical watchdog had recovered a huge quantity of medicines stolen from the NICVD and another major government hospital in the city in a series of raids in wholesale medicine markets.

The National Task Force against Spurious Drugs of the Drug Regulatory Authority of Pakistan (Drap) in June 2021 had conducted raids on various shops and warehouses in Katchi Gali and Hussainabad and a huge quantity of medicines stolen from the NICVD as well as the Dr Ruth Pfau Civil Hospital Karachi were seized.

Apart from ongoing probe being launched into financial affairs of the institution by the National Accountability Bureau (NAB), the NICVD had come under the spotlight in February 2020 when the Sindh ombudsman had ordered the removal of its security head and his two subordinates from service after finding them guilty of harassing their female colleagues during a detailed investigation into the charges against them.

This time, however, the management claimed that the NICVD had put a system in place to check such malpractices and there was zero tolerance against corruption and bribery in the institution.

“The NICVD has no space for such corrupt persons,” said an official. “The services of the NICVD cannot be ignored due to a few such workers. The NICVD is visited by the patients from all across Pakistan. Only in 2019-20, the NICVD offered free treatment to some 3.8 million people, which included cardiac surgeries of patients of all ages, primary PCIs or angioplasty, life-saving devices and other crucial medical procedures.”

(By Newspaper’s Staff Reporter, Dawn, 13, 24/10/2021)

End of polio?

AFTER a long struggle, the reward is finally in sight. With only a single case of wild poliovirus reported this year from Balochistan and a steady decrease in environmental samples, the goal of eradicating polio may well be realised soon. On World Polio Day today, this should be a happy thought for Pakistan. According to Omar Abdi, Unicef deputy executive director, the country had been close to eliminating polio before “but right now we are closest to the finish line”. Mr Abdi said that the government too was committed, while a continuous supply of vaccinations had ensured a reduction in polio cases. Even environmental samples, he said, had shown a drastic decrease in polio positivity. The national polio programme can take heart from the fact that its hard work is finally paying off and being acknowledged globally.

However, the race is not over. Only three months ago in June, Unicef officials expressed concern over the thousands of “invisible children” in the country. While they agreed that Pakistan had made considerable immunisation gains, thousands of children were still susceptible, they said, and should be vaccinated. “There is a group of children called the ‘missing children’ whose parents are refusing for them to receive vaccines.... They are not easy to find. They don’t go to schools or they don’t have birth certificates. These are invisible children.” The officials believed that what was required was to hunt down these missing children and persuade their families to allow them to be vaccinated in what has been described as the ‘last mile’ of polio eradication. Surely the national polio programme would have reached out to the families of missing children to vaccinate them. However, even if the number of unvaccinated missing children has greatly reduced, thus putting Pakistan in a position where polio eradication appears to be achievable,

three months are not enough to track down and reach all the missing children. Expert opinion suggests that it takes multiple doses of the polio vaccine to develop immunity against the disease. Pakistan needs three zero-case years to be declared polio-free. But with routine immunisation in disarray in Afghanistan (the only other country where polio remains endemic) after the Taliban takeover, the authorities here cannot afford to relax just yet. Another strong, final push to vaccinate children, missing or otherwise, in the border areas is still required to make Pakistan a polio-free country.
(By Editorial, Dawn, 06, 24/10/2021)

Dengue infects thousands this month

Cases of dengue virus are on rise once again as October draws to a close. During the past 23 days of the month, over 1,000 cases of dengue fever have been reported.

According to data released by the Sindh health department, a total of 59 cases of dengue have been reported during the past 24 hours across the province, out of 43 are in Karachi.

From October 1 to 21, a total of 1,139 cases of dengue virus have been reported in Sindh. Meanwhile, 608 cases have been reported in Karachi from October 1 to 21. In the month, 138 cases were reported in Central, 151 in Eastern, 133 in Korangi, 80 in South, 60 in West and 46 in Malir districts. In September, 603 cases of dengue were reported from the province.

This is a sharp rise in the final quarter of the year as from January to August 2021, there were a total of 1,365 cases of dengue virus reported. So far this year, 3,107 cases of dengue virus have been recorded in the province, while six deaths have been reported to date on 2021.

In the corresponding period last year, there was also a rapid increase in the number of dengue cases with over 900 being reported in October 2020 alone. At the time, 975 cases were reported of which 927 were from Karachi. The city's East district reported the highest number of dengue cases, followed by South and Central.

At the time, Dengue Control Programme Manager Dr Iqbal Memon told The Express Tribune that a rapid increase was noted in the last two weeks of October.

The virus seems to be following a similar pattern this year. In 2020, the worst affected areas included Gulshan-e-Iqbal and Jamshed Town in the East district. Other districts such as North Nazimabad were among the localities with the higher cluster of cases last year.

According to Memon, an increase in the dengue virus is noted across the world in the months of September, October and November, not just Pakistan.

Spraying suspended

It was reported last month that the sudden suspension of routine pesticide sprays in Sindh led to increased breeding of mosquitoes, flies and other disease causing insects in the province. Various allergies and zoonotic illnesses appeared to be on the rise, especially in the port city of Karachi.

The provincial capital had become a breeding ground for virus-carrying mosquitoes in the absence of any mitigation campaigns. The situation, said health experts, had only worsened since the last monsoon, which catapulted the spread of Aedes mosquitoes, known for causing dengue fever in Pakistan. Disease experts said the dengue season begins with the start of monsoon and usually lasts from September to December.

The mosquitoes breed and lay eggs in moist, rain-fed soil around streams and standing water, but the disease usually subsides at the onset of the winter season. "So it is crucial for routine pesticide sprays to take place during the monsoon season and after, when the disease is at its strongest," said one expert.

In this regard, Officials of Sindh's Dengue Control and Prevention Programme say that there are dengue focal persons present in all six districts of Karachi.

In 2013, Sindh saw a huge number of dengue cases with over 5,970 infected persons and 32 deaths. From then on, the number of infected persons largely ranged between 1,200 and 3,000 cases each year. However, the disease took its most damaging toll in the summer of 2019 when cases surged to a record high of 16,925 reported and 46 deaths.

Sources claimed that pesticide sprays were only carried out upon accumulation of complaints, following which the insects are once again left to spawn and infest. According to the provincial health department's round-up of persons infected with dengue fever in the last decade, Sindh reported over 4,072 infections and 25 deaths in the year 2010.

In 2011, the number significantly dropped to 1,079 people with 18 deaths, while in 2012, the downward slope continued with only 734 reported cases of dengue and four deaths.

Among the city's six districts, the aforementioned report of the provincial health department's study on vector borne diseases found Jamshed Town, Gulshan-e-Iqbal and Gulzar-e-Hijri in the East district, DHA, Lyari and Clifton in the South district, Site Area and Orangi Town in West, Shah Faisal, Korangi, Malir and Bin Qasim in Korangi district, and North Karachi and Gulberg in the Central district, to be the most prominent hotbeds for dengue-causing mosquitoes in Karachi.

(By Newspaper's Staff Reporter, The Express Tribune, 04, 24/10/2021)

Nursing school to be set up at NICVD

Chief Minister Syed Murad Ali Shah on Wednesday approved establishment of a nursing school at the National Institute of Cardiovascular Diseases (NICVD) to meet its requirements of paramedical staff.

Presiding over the 79th governing Body meeting of the NICVD at the CM House, he also approved regularisation of low-paid contractual employees and hiring of experienced retired nurses through proper procedure.

The meeting was attended by Health Minister Dr Azra Fazal Pechuho, CM's Law Adviser Barrister Murtaza Wahab, MPA Dr Sohrab Sarki, Finance Secretary Asif Jahangir, Health Secretary Kazim Jatoi, Executive Director NICVD Dr Nadeem Qamar and others.

The meeting also discussed the appointment of the chief finance officer (CFO) for the NICVD and approved the appointment of Faisal Abdul Satar as the new CFO. He has 25-year experience, including nine years in the healthcare sector as CFO.

(By Tahir Siddiqui Dawn, 13, 28/10/2021)

Vaccinating children

THE Sindh government's announcement that children over the age of 12 will not require parental consent to get vaccinated is bound to draw a lot of flak from a cross-section of society — and with good reason. Any action predicated on duress is likely to backfire. This holds true for the Covid vaccine as well. Although the NCOC says that over 100m people in the country have been either fully or partially vaccinated, there is still vaccine hesitancy, which may be reinforced if the government administers jabs to children 12 years and older without parental approval. Secondly, there are concerns among parents about any possible long-term effects of Covid-19 vaccines on children. The WHO has adopted a cautious approach on this as children are still in the process of growing and developing physically, although it has not ruled out the vaccine for this younger age group. In fact, it must be noted that several countries that have advanced healthcare and are active in medical research have been inoculating children. The Sindh government should then be more careful in its messaging and actions, especially if it plans vaccination drives in schools. It must keep parents in the loop at all times and address their medical concerns regarding their children. For instance, a child may be prone to allergic reactions, or be ill on the date he is or she is supposed to be vaccinated. This may prove to be a dilemma for parents who look out more for their child's welfare than their own. Hence a gentler approach is needed.

Moreover, for children to decide on their own to be vaccinated — if that is the line of argument — does not make sense. Children are susceptible to pressure from their peers and very few can grasp the importance of making judicious health decisions. Parents then must be actively engaged by both the schools and health authorities. However, this exercise in persuasion must be accompanied by a firmer approach towards maintaining SOPs, including mask-wearing and frequent handwashing, in school.

(By Editorial, Dawn, 06, 30/10/2021)

SC order on breast cancer

At a time when all types of cancer can be treated successfully and an increasingly sizable number of cancer patients survive, in our country, around 90,000 women are diagnosed with breast cancer every year and 40,000 of them die. Now an unfortunate reality has emerged that most government hospitals in the country lack treatment and detection facilities for the dreaded disease. The cost of tests and other things required for diagnosis of malignancy in private hospitals are terrifying, of course.

The Chief Justice of Pakistan, Justice Gulzar Ahmed, has expressed indignation at the absence of mammography and other tests for early detection of breast cancer and treatment for the disease in a vast majority of public hospitals in the country, as the test and treatment facilities in private hospitals are beyond the reach of most women. Firstly, for patients and their families, the swanky exterior of private hospitals is distressing. Secondly, the treatment cost is prohibitive enough to keep them away from these infirmaries. The horrid situation is not limited to cancer treatment. There are no diagnostic and treatment facilities in government hospitals for other dangerous diseases like hepatitis either, though till recent past government hospitals provided tests and treatment for such ailments free of charge. This has left many poor patients to wait patiently either for divine help or for the end. Rabies vaccines too are not available in public hospitals either while dog-bite cases are on the rise. The situation is horrifying and perhaps cannot go worse.

Every year in October conscientious citizens launch a breast cancer awareness campaign for the entire month. But private individuals are hampered by lack of money and other resources in their endeavours for prevention of cancer. Now that a top court order is there, it is hoped that the relevant authorities will ensure that all government hospitals across the country are equipped with diagnostic and treatment facilities for breast cancer — which is threatening to assume epidemic proportions.

(By Editorial, The Express Tribune, 14, 04/11/2021)

75pc people in country suffer from obesity, say experts

Health officials and medical scientists on Thursday observed that two-thirds population of the country was either obese or overweight due to sedentary lifestyle. The most dangerous part of our findings is that 10 million children in the country are suffering from obesity amid growing use of sugar-sweetened beverages, oily foods and fast-shrinking sports and physical activities, especially at school levels, according to them.

They also called for making sugar-sweetened beverages 'unaffordable' to people with increased taxes, warning that Pakistan could become the leading country with highest number of children suffering from diabetes if drastic measures were not yet taken.

They said that the majority of citizens were obese or overweight due to sedentary lifestyle and asked the authorities concerned to concentrate on the health of children and take measures to prevent them from becoming diabetic by including healthy lifestyle practices in the curriculum and making physical activities mandatory at schools.

Part of a panel, the health experts and officials were speaking at a news conference in connection with World Diabetes Day 2021 organised by the Pakistan Endocrine Society (PES) in connection with Discovering Diabetes project at the Karachi Press Club.

Heavy taxes on sugar-sweetened beverages stressed

Renowned endocrinologist and publication secretary of the Pakistan Endocrine Society (PES) Dr Musarrat Riaz said according to a recent study, around two-thirds of Pakistanis are either obese or overweight, and added that around 33 million people are suffering from diabetes in the country.

"Pakistan now ranks third in the world with number of people with diabetes where over 33 million are diabetics," she said. "Similarly, same number of people are pre-diabetic, which means that they are also going to become diabetics in the years to come", Dr Musarrat Riaz said and added that around 15 million people became diabetic in Pakistan in just past three years.

"The diabetes is far bigger and horrific disease as compared to Covid-19 for Pakistan. It is killing thousands of people annually in Pakistan due to renal failure and other complications while thousands of others are getting their limbs amputated due to peripheral neuropathy caused by the disease."

Director health of Karachi Dr Akram Sultan explained that diabetes is part of a condition called metabolic syndrome in which a person suffers from diabetes, heart disease and stroke and added that all these conditions have same risk factors which include physical inactivity, consumption of unhealthy food and use of tobacco among others.

"The provincial government has not only established institutes for treatment and awareness regarding diabetes, but it is also participating in campaigns with private sector to promote healthy lifestyle, consumption of healthy diet, stressing importance of exercise and avoiding risk factors that lead people to diabetes and other non-communicable disease," he said.

Coordinator of the Discovering Diabetes Project Abdus Samad said they had launched the project to help those people who were living with diabetes, but they were unaware of their disease and added that they had planned to screening one million people in one year.

"Those who have family history of diabetes, are over 40 years of age and are overweight, can call at our helpline 0800-66766 anytime and we would arrange fasting blood sugar test and tele-health consultation free of charge", Abdus Samad said, adding that they were also going to schools to educate children about unhealthy lifestyle and bad eating habits that lead to diabetes.

Danger of cheap junk food

Another renowned endocrinologist from Jinnah Postgraduate Medical Centre (JPMC) Dr Urooj Lal Rehman called for making sugar-sweetened beverages unaffordable for people in Pakistan, saying these beverages and other junk food were very cheap while healthy food, including fruit and vegetables, were becoming costlier with each passing day.

"The authorities need to work on preventing children from getting overweight, obese and diabetic and called for a complete ban on sale of soft drinks, junk food on school premises and within one kilometre of a school to prevent children from consuming them," she said.

(By Newspaper's Staff Reporter, Dawn, 13, 05/11/2021)

SIUT units to be set up in all districts of Sindh, says Bilawal

Pakistan Peoples Party chairman Bilawal Bhutto-Zardari has announced establishing units of the Sindh Institute of Urology and Transplant (SIUT) in all districts of the province on the pattern of the National Institute of Cardiovascular Diseases (NICVD).

He said at the inauguration ceremony for an SIUT daycare dialysis centre here on Thursday that it was linchpin of his party's philosophy to provide healthcare facilities to people at their doorsteps.

He said the treatment of kidney related diseases was not only a life-long process, but it also required huge expenses. Therefore, the PPP wanted to establish the SIUT units in each district headquarter to serve the poor, he said.

He said the SIUT after Karachi and Sukkur was now functional in Larkana, adding that the PPP had prioritised public health and offered free of cost services despite financial constraints.

Appreciating dedicated services of Prof Dr Adeeb Rizvi, he said the SIUT was a symbol of his sincere efforts; it [SIUT] was a world class institution which worked on the basis of 'humanity'.

He said that over 6,000 kidney transplants had been carried out in the institute and now people did not have to go to India for the treatment.

"Currently, we have opened a heart surgery facility at the NICVD Larkana unit. I am highly impressed to see the service and the degree of devotion and dedication here," he said.

He said that right from the department of urology to the world class SIUT was a 'story of a success'. Sindh had excelled in providing specialised free healthcare facilities, he claimed.

Referring to the establishment of a child treatment centre, which was a joint venture of the Child Life Foundation and public private partnership, he said that healthcare facilities would be extended extensively across the province in accordance with the vision of Zulfikar Ali Bhutto and Benazir Bhutto.

Sindh Chief Minister Syed Murad Ali Shah said: "I am happy to see this SIUT unit in Larkana for which I talked about a year ago with Prof Dr Adeeb Rizvi.

"Though he (Dr Adeeb) is not here today but he has always been guiding and extending help in updating the health sector," he said. "Now the public sector is also supporting the SIUT," he said.

He said that it were the sincere efforts of Dr Adeeb Rizvi who had transformed an eight-bed SIUT to 1,800-bed facility today. It was his giant contribution, who was also the founder of the SIUT, he said.

Though, he said, certain chief ministers had been reluctant in providing funds to the institution but he himself had always extended maximum possible help to the SIUT.

He said the PPP government had continued increasing the volume of grant to the SIUT and for 50 years, that model was running. Prof Rizvi had done the first kidney transplant in 1995 and treated every age group, right from a child to senior citizen, who visited that institution, he said.

He said that all dialysis centres working in the province would be brought under the umbrella of the SIUT and Sindh government would provide all possible facilities on provincial-level in that regard.

He also appreciated the modern services offered at Gambat. Presently, nine satellite centres along with 22 chest pain units of the NICVD were operational in the province and staff was busy in saving peoples' lives, he said.

He said the Sindh government would financially support trainings in the health sector so as to overcome shortage of skilled staff in hospitals in future.

Sindh Minister for Health Dr Azra Pechuho said that Prof Rizvi had dedicated his life to nephrology and urology and his services would always be remembered.

She said that SIUT satellite centres would be set up in all districts in the province.

Earlier, Bilawal, accompanied by Chief Minister Syed Murad Ali Shah, Health Minister Dr Azra Pechuho and Dr Aijaz inaugurated the SIUT Larkana centre.

Later, Bilawal and all members of his entourage participated in a Diwali celebration at Hindu Dharamshala and extended greetings to Hindu community on the occasion.

(By Newspaper's Staff Reporter, Dawn, 14, 05/11/2021)

Dengue haunts Karachi's nightlife

A variety of reasons, including poor sanitation and lack of routine fumigation sprays have led to a surge in dengue cases across the city of Karachi. The virus, that is carried by mosquitoes in the Aedes genus, can be transmitted through night as well as daytime bites, which is why experts have been advising citizens to remain fully covered indoors and outdoors and to use nettings and pesticides to keep the vector at bay.

However, after almost two years under Covid-19, it has been hard to keep citizens indoors following the lifting of restrictions; especially after nightfall when the metropolis is historically known to come alive. As soon as the sun begins to set, people of all ages are drawn to open-air restaurants and roadside chai-dhaabas that are scattered throughout the city, where loud colloquies and clouds of cigarette smoke fill the air till wee hours of the night.

However, as vibrant as Karachi's nightlife culture appears, lack of anti-dengue preparations at much of these dhabas and food streets have allowed a buzzing predator to haunt the very street corners where the city communes. Experts believe that if situations like such continue to persist and caution is thrown to the wind, the city could be looking at a dengue epidemic, after barely surviving the chaos that ensued during the four pandemic waves.

"If you look at the food streets of Karachi, including Burnes Road, Kharadar, Hussainabad, Gulshan-e-Iqbal, Super Highway, Liaquatabad and others, you will see that they are filled with open-air restaurants, hotels and barbecue joints, none of which have bothered taking any precautionary steps against dengue," claimed Imranul Haq, who is a volunteer at a charity working to prevent epidemic breakouts in the city. "At night when people eat with their family or friends at these hotels or restaurants, there's always a cloud of mosquitoes buzzing over their heads, while no coils or sprays are used to protect the customers. Whereas, at many of these places, especially road-side tea houses, the dishes are also washed in open water tubs, which can quickly turn into breeding grounds for the dengue-causing mosquitoes," he added.

Speaking in the regard, Haji Jamal Khan who owns a teahouse in the Nishtar Road area, confirmed that most dhabaas do not fumigate their premises or burn repellent coils, owing to the expenses involved with the practice. "How many mosquito repellent coils will we use every day?" He asked. "This is an additional expense. The only thing we can afford is to not store water in open pots and tubs," he added.

According to Muhammad Asif, who is the secretary of a local mosque, the sewerage system in Karachi is in dire straits. In different areas close to mosques and madrassas, the alleys collect gutter water, which is a breeding ground for mosquitoes. "We routinely fumigate our premises, but unless the sanitation and sewerage system is improved, dengue will be difficult to control. Which is why we request the worshipers to use less water during ablutions so that water does not accumulate in the ablution rooms and at least our mosques don't turn into dengue hotbeds," he said.

In this regard Pakistan Medical Association General Secretary Prof Dr Qaiser Sajjad said that the dengue mosquito is known to breed in clean water, which is why homes and hotels should not store water in open tubs and routinely drain their tanks or keep them covered at all times. "The public is advised to remain fully clothed, especially during the hours of sunrise and sunset and use repellent creams on exposed skin. While the government should run a spray campaign to stop the spread of mosquitoes in Karachi and provide awareness to the people so that they can stay safe from dengue," he told The Express Tribune.

(By Aamir Khan The Express Tribune, 04, 06/11/2021)

Health benefits

IN 1965, the first significant post-partition welfare legislation called the Provincial Employees' Social Security Ordinance was promulgated to cater to the medical needs of low-paid employees and their families. Each province was required to constitute institutions to administer the social security scheme in industrial and commercial establishments.



The scheme was supposed to provide benefits in the event of sickness, maternity, employment injury or death. The provincial institutions set up hospitals and dispensaries, which would provide outpatient medical treatment and hospitalisation to secured employees and their families. It was for the first time in Pakistan that employees' health needs were being met through a fairly well-managed government scheme.

The administration of the organisations covered by the scheme would maintain a close liaison with officials of the social security institution to ensure proper care and attention to employees accessing the medical facilities.

The scheme was managed efficiently for around three decades but then its standards started deteriorating, mainly because of the alleged collusion between unscrupulous employers — who did not want the scheme to be applied in their organisation — and some officials of the institution. The paucity of funds this created adversely affected the quality of medical treatment provided at the institution's facilities.

SESSI should be focusing on improving medical standards at its outlets.

Soon after the promulgation of the ordinance, Sindh established the Sindh Employees Social Security Institution. Its main emphasis was Karachi with its large industrial estates. Over the last two decades or so, SESSI's aim seems to be to get more money from organisations instead of trying to improve the standard of services in its health outlets. In its pursuit of genuine funding, SESSI should have tried to bring more industrial and commercial establishments into its fold. In 2005, it extended the scheme to hospitals in Karachi including two whose employees were content with the medical facilities being provided by their managements so that they didn't need to look elsewhere for medical care.

At present, these hospitals are paying a total of Rs6 million towards the monthly contribution to SESSI. But why should their employees go through the process of cumbersome documentation in return for substandard medical treatment from SESSI facilities? In fact, officialdom could have deliberated on ways to make the scheme attractive for secured employees.

In 2018, the then commissioner social security agreed that the rate of employers' monthly contribution to SESSI would be the minimum wage rate as declared under the Sindh Minimum Wage Act, 2015. The commissioner had the provision included in the Sindh Employees Social Security (Amendment) Act in May 2018, and the employers duly started paying the contribution.

The system continued to run smoothly for around eight months and the employers would pay the contribution at six per cent of the minimum wage of Rs17,500 at the time on behalf of every secured employee. After the transfer of the commissioner, SESSI wanted employers to pay contributions at the rate of 6pc of the employees' salary, which fell within the range of the lower wage limit of Rs17,500 and upper limit of Rs22,500.

As SESSI's demand was contrary to the law, employers approached the apex court that agreed the contribution be payable at the prevailing rate of the minimum wage.

Section 75 of the act provides that a lower wage limit and an upper wage limit shall be determined for payment of social security compensation and the rates of benefits payable under the act. These benefits comprise sickness benefit, maternity benefit, death grant, injury benefit, disablement pension or gratuity and the survivor's pension. While compensation against sickness and maternity benefits is payable at 100pc of an employee's salary, the others are paid according to certain percentages of the salary as prescribed in the act.

If the minimum wage is finally allowed by the court to be fixed at Rs25,000 per month, then according to the act, the lower wage limit will be Rs25,000 and Rs30,000 will be the upper wage limit, after the addition of Rs5,000 to the minimum wage. An employee drawing a salary of, say, Rs28,000 per month should be paid sickness or maternity benefit at the same rate. However, SESSI has fixed Rs15,000 as the rate for disbursement of compensation irrespective of an employee's salary, which is a flagrant violation of the act.

SESSI now wants employers to pay a contribution at 6pc of Rs25,000 on behalf of every secured employee. It should instead disburse the amounts of compensation according to the law.

(By Parvez Rahim Dawn, 07, 08/11/2021)

Every fourth Pakistani is diabetic: experts

Endocrinologists said on Wednesday that every fourth person in Pakistan suffers from diabetes.

If this situation continues, every second person will be suffering from this disease in the next five years, they said.

Pakistan ranks third in the prevalence of diabetes following China and India, said University of Karachi Department of Biochemistry Professor Dr Shamim Qureshi quoting International Diabetes Federation (IDF).

According to the IDF, around 33 million people in the country are living with diabetes, he said addressing a seminar Access to Diabetes Care on Wednesday.

The department of biochemistry in collaboration with the University of Karachi Alumni Association (UKAA) Baltimore, USA organised a poster competition and seminar in connection with World Diabetes Day.

"During the Covid-19 lockdown, we have seen an increase in the prevalence of type-II diabetes around the world as well as in Pakistan as the pandemic has restricted physical activities and obesity was seen on the rise during the pandemic duration," Dr Shamim said.

Dr Abbasi emphasised on structured training of health care providers to cope with the huge burden of diabetes at one end and ensuring uninterrupted affordable supply of medicines at the other

Consultant Dietician Mariam Abde Ali explained implications of a balanced diet on the health of diabetics.

On this occasion, Dr Tooba Lateef conducted self-health assessment activity through a mobile app called NutriApp (T gamma developers) among participants. Through which participants curiously knew their ideal body weight, BMI, waist to hip ratio, recommended calories, and fluid intake.

Dr Shershah Syed, a renowned gynaecologist and surgeon, and Dr Sadaf Ahmed, Chief Executive Officer of Advanced Education Institute and Research Centre emphasised the importance of education for youth especially females. Baqai Institute of Endocrinology Dr Muhammad Zafar Iqbal Abbasi also expressed his views.

The final year students of the biochemistry department participated in the poster competition. Dr Hina Mudassir, Dr Musarrat Jahan, and Dr Arisha Salman were the judges of the competition.

Ayesha Shahbaz won the competition. Maryum Laiquat, Rida Qamar, Hafiza Fatima Zehra, Ayesha Mustaqim, and Bakhtawar received special prizes.

Diabetes moot

Endocrinologist said on Wednesday that every fourth person in Pakistan suffers from diabetes.

If this situation continues, every second person will be suffering from this disease in next five years, Diabetic Association of Pakistan (DAP) representatives said addressing the media at the Karachi Press Club.

An international diabetes conference will be organised by DAP in collaboration with Diabetes in Asia Study Group in Karachi on November 13 and 14, they said.

Patron of the Conference Prof Abdul Basit, Organising Committee Chairman Prof Zaman Sheikh, Prof Shabeen Naz Masood and Prof Asher spoke at the press conference.

(By Newspaper's Staff Reporter, The Express Tribune, 04, 11/11/2021)

Healthcare safety

A FRIEND maintains that her father died as a result of catching an infection in the operation theatre when he was there for surgery for an unrelated issue. The hospital in question, a very expensive private sector provider of healthcare in Lahore, never acknowledged anything and my friend did not have access to the means through which she could have the matter investigated.



Another friend feels her daughter was forced by the hospital and her gynaecologist to accept the caesarean option rather than have a natural birth, (even though there was no real medical reason for a C-section) so that the hospital could charge her for a longer stay and for the operation as well.

A 1999 study of the American Institute of Medicine reported that between 44,000 and 98,000 Americans died each year due to preventable medical errors. A separate study estimated that a million patients are 'injured' by errors during hospital treatments in the US each year. A 2013 study puts the number of preventable deaths due to errors of all sorts at 400,000 a year.

For the UK, a National Audit Office report said that 34,000 people died per year due to human errors. The total number of patient errors that resulted in death or injury were put at a whopping 974,000.

How many doctors have been barred from practising or censured by the medical fraternity?

Providing healthcare is complicated and difficult. There are so many diseases and so many procedures and protocols to follow. Human errors are inevitable. The numbers reported above are not small though. And these happened in countries that have the most advanced healthcare facilities, and have very developed protocols, procedures and systems and plenty of internal system checks as well.

What must the situation be like in a country like Pakistan where there are scant internal system checks and almost, no checks from outside of the system? In the US and, to an extent even in the UK, people have recourse to the law that provides a lot of protection in reasonable time and, in many cases, at reasonable cost. In Pakistan, even when the laws are on the books many a time they are not implemented. And, perhaps more importantly, when laws and procedures are violated, effective remedy, through access to courts, is hardly ever available. Time delays and the cost of litigation allow the richer and stronger parties to get away with violations.

Most interactions between medical personnel and patients take place in private or only in front of other medical personnel. This lends a lot of opacity to the process so that finding out if there was an error or mistake is not straightforward. In addition, since we are in the domain of expert knowledge, separating errors from judgement calls is not easy for non-medical personnel either.

Developing detailed protocols for interaction is one way of ensuring compliance and reduction of errors. In most countries, the medical fraternity itself creates bodies that ensure compliance and set standards of behaviour and care. In many places, medical insurance companies provide another layer of checks. Then the regulatory framework of government, working from local to the national level provides further layers of checks. And if all else fails, citizens have the right to invoke the legal system and the courts for justice.

For Pakistan, protocols are not well established in most places where medicine is practised. Barring a few larger hospitals, there is too much discretion and rule breaking that goes on at all times. Even reported cases clearly establish the lack of protocols and adherence to them. The medical fraternity does no self-policing and enforcement: how many doctors have been barred from practising or censured by the medical fraternity?

The regulatory structure only exists on paper and is hardly implemented. And, as we have already said, the legal system is too expensive to invoke and get a hearing from. Cases stay in courts for too long and this works against the less powerful party which, in most cases, happens to be the patient or her/his family.

The issue of C-sections has been mentioned in the beginning. Some recent papers have shown that almost one in five children in Pakistan is born via C-section. This is way above what WHO thinks is average for most populations (around 10 per cent). C-sections can have health and other consequences for the mother. So, it is not a neutral switch. In addition, it is also very expensive and a major drain on the financial resources of most families. But this makes it more lucrative for private health providers. Most research suggests that the financial incentive is likely to be the main reason we have so many more C-section procedures than expected.

I have not talked about excessive diagnostic testing and giving excessive medications and so on as problems. But they are problems as well. All of these at some point will need to be thought through — for better protocol development, for better self-regulation, for better regulation through the medical fraternity itself, and for a more effective state-controlled regulatory system. One does not know if the provision of justice will get better in Pakistan and when but if and when it does, it will help outcomes in this sector too.

A first step in this area might be for the medical fraternity to start developing better protocols and to ensure their implementation in more formal and documented medical establishments, and to keep much better data on compliance. This means being able to undertake inspections in order to check compliance. The inspections can generate good data on compliance and violations as well. If we take the first step, the pathways to the next steps will open up too. In the meantime, citizens have no choice but to live with healthcare provision that has almost no effective regulation at any level. (By Faisal Bari Dawn, 06, 12/11/2021)

Measles campaign

ONE of the largest vaccination campaigns in the world is set to be launched in the country today to administer the measles-rubella vaccine to more than 90m children. The combined injection will introduce the rubella vaccine for the first time to the Expanded Programme of Immunisation. During the 12-day nationwide campaign children between nine months and 15 years will be injected with the measles-rubella vaccine. Children younger than five years would also be given polio drops, irrespective of their immunisation status. The ambitious vaccination drive is aimed at curtailing an aggressive measles outbreak in the country that has somehow managed to evade the news cycle, even though it aims to reach all 'invisible' or 'zero-dose' children — those who have not received any dose of routine immunisation.

Measles is a highly infectious disease that remains one of the leading causes of death in young children living in poor countries. Survivors are often left with lifelong complications. So far this year, more than 17,000 cases of measles have been reported from 70 districts of the country which is more than double the figure reported in 2020. The most affected province appears to be Balochistan where half of the districts are said to be in the grip of a

measles outbreak. According to official figures, over 50 children have died from measles complications across the country. Alarmingly, since last year, the authorities have also been witnessing a sharp increase in cases of congenital rubella syndrome. Rubella, commonly referred to as German measles, is highly infectious as well. Though it is usually a mild infection in children, it can cause life-threatening abnormalities in babies whose mothers have been infected during pregnancy. One hopes that the authorities do their utmost to make a success of this campaign and ensure that they reach all the intended targets. The inclusion of invisible children under the umbrella of routine immunisation will go a long way in protecting millions of youngsters from potentially dangerous but preventable illnesses.

(By Editorial, Dawn, 06, 15/11/2021)

Dengue cases continue to rise in Sindh

While the dengue situation remains serious in the province, particularly in Karachi, people having complaints of sore throat along with high-grade fever and body aches are advised to must have their tests done for the mosquito-borne disease within 24 hours of developing these signs and symptoms.

According to official data, the number of dengue cases reported in a fortnight reached 582 in Karachi alone.

Health experts warned that poor patient management by any (unqualified) doctor as well as self-medication, including use of antibiotics, steroids and even some common medicines, which in fact lowered platelet level, might complicate the case, causing death.

"We are getting a lot of patients. Some patients in critical condition have been admitted to the intensive care unit and high dependency unit," said the medical superintendent of Dow University Hospital, Ojha campus, Dr Zahid Azam.

He added that over 40 dengue patients were hospitalised at the facility over the past few weeks.

The government data, he pointed out, couldn't reflect the actual disease burden as the majority of dengue patients sought treatment from general physicians at private clinics. It's only when the disease became serious that patients reported at tertiary care hospitals.

With govt claiming 582 cases from Nov 1-16 in Karachi, 841 test positive at Indus Hospital alone during same period

A senior doctor at the Dr Ruth Pfau Civil Hospital Karachi described the situation as alarming.

"The situation is more serious in the interior areas of Sindh, lacking proper diagnostic facilities. It's an absolute failure on part of the government as the mosquito-borne disease could easily be prevented by improving city's sanitary conditions and carrying out timely fumigation campaigns.

Flawed data?

According to the health department data, a total of 858 dengue cases were reported in Sindh till Nov 16.

Of them, the majority of cases, 582, were reported in Karachi.

District Central reported 153 cases, East 138, Korangi 131, South 76, Malir 43 and district West reported 41 cases.

In October, the province reported 1,197 cases with six deaths. Five were in Karachi.

Outside Karachi, according to the government data, a large number of cases were reported in Hyderabad city (165 cases this month) as compared to other districts. In October, it had 396 cases.

The health department claimed that the data was collected from all tertiary care hospitals in the province and labs and was updated on a daily basis.

However, it seems that the government system is not even collecting proper data from hospitals.

Information gathered from the Civil Hospital Karachi and Indus Hospital showed these hospitals had three and one mortalities from dengue, respectively.

The government data reported no death from dengue this month so far.

According to the Indus Hospital data, 841 patients were tested positive for dengue from Nov 1 till Nov 16 with one death.

The CHK had 63 admissions from Nov 1 till Nov 16. Of them, 60 were discharged and there were three deaths. They tested 244 patients positive for dengue this month.

Private hospitals refused to share data on the ground that they provided the data to their respective district health officers.

"Confirmation of death takes time. The government is responding to the situation by focusing on dengue hotspots requiring intervention," health department spokesperson Atif Vighio explained, adding that no new dengue variant had been identified in the province yet.

Hazards of self-medication

He suggested that patients with fever and body aches should have their tests done for dengue and malaria within 24 hours. "Though both are caused by mosquito-borne viruses, their mode of treatment is different. The sooner diagnosis is made and treatment starts, chances of complications reduce."

Warning against the hazards of self-medication in dengue, Dr Abdul Ghafoor Shoro, a senior general physician running clinics in Kaemari and Korangi, said people should know that commonly used medicines, such as aspirin, lowered the platelet level and that antibiotics shouldn't be used in viral diseases.

"Also, some commonly used syrups for fever and sore throat have compounds that suppress body response ever," he said, adding that management of dengue had changed and now there was emphasis on oral hydration.

According to Dr Shoro, who also represents the Pakistan Medical Association, the dengue situation has worsened particularly in the interior parts of Sindh.

"Our colleagues practicing in Hyderabad, Mirpurkhas and Larkana are telling us that the patient number has increased. Also, we are seeing that dengue symptoms have changed a bit now and several patients reported with other complications, apart from high-grade fever and body aches. This might be due to the new dengue variant that has already been identified in Punjab."

(By Faiza Ilyas Dawn, 13, 18/11/2021)

Suspected new variant of dengue under analysis in Karachi

The health department has recently sent a sample of a suspected new variant of dengue virus to the Aga Khan University Hospital (AKUH), sources told *Dawn* on Thursday.

The step, they said, was taken following a sharp increase in dengue cases in Karachi and reports that the disease was emerging with more severity this year.

According to the official data, the number of dengue cases reported within a fortnight in the city shot up to 582.

"The media reports about the emergence of a new virus circulating in Karachi are false. But, there is definitely a possibility of a new variant of dengue virus [which is responsible for the spike in the mosquito-borne viral disease this year]," said an official of the health department.

A sample of the suspected dengue variant had been sent to the AKUH, he added.

According to him, reports of a new dengue virus are largely based on the statements of some doctors who believe that false negative results [of a particular dengue virus detection test] indicate presence of a new virus, which has clinical features similar to that of dengue virus.

"These are all speculations. Often, the dengue virus antigen detection test (NS1) comes out false negative. This happens because the particular test has sensitivity below 100. In such cases, the concerned staff should carry out more tests to confirm the presence of dengue."

Meanwhile, the Director General Health Services has also released a rebuttal to the media reports about emergence of a 'mysterious virus' in Karachi and stated that no such virus was circulating in any part of Sindh.

"These mysterious cases are being reported with the same complaints, that is, high grade fever, headache, myalgia, arthralgia, retro-orbital pain with low platelets count. The cases, highly suspected of dengue, are negative on diagnostic procedure NS-1 antigen because the diagnostic procedure is not 100 per cent sensitive."

The top official, however, admitted an increase in dengue cases. "A surge in confirmed dengue cases is being reported from different public hospitals as well as private ones in Karachi."

(By Faiza Ilyas Dawn, 13, 19/11/2021)

80pc population in Gadap, Ibrahim Hyderi found hooked to gutka

Expressing concern over how the poor masses in Pakistan are spending their hard-earned money on smokeless tobacco that causes cancer, an expert at an event held at the Dow University of Health Sciences (DUHS) on Wednesday shared that studies have found that eighty percent of the population in the areas of Gadap and Ibrahim Hyderi were hooked to gutka whereas people in Tharparkar spent 25 percent of their monthly household income on purchasing paan, chaalia, gutka and cigarettes.

The event was held in connection with World COPD Day, a global initiative to raise awareness about Chronic Obstructive Pulmonary Disease, or COPD, its symptoms and need for support.

It's the third leading cause of death worldwide and refers to a group of diseases that cause airflow blockage and breathing-related problems.

Highlighting how COPD is affecting the masses in Pakistan, leading pulmonologist Dr Javaid Ahmed Khan said smoking was the single most important and common cause now widely affecting the younger population.

"Every day, we examine patients with advanced lung disease, regretting that nobody informed them (about the risk factors). Yesterday, I met a cancer patient from Hyderabad, ready to spend all his wealth to get cured from the disease," he said, adding that it's easy to start smoking but hard to quit.

Dr Khan lamented that while the price of cigarettes had been increased multiple times in the West, Pakistan was seeing reduction in cigarette prices. "Even cigarette prices are higher in Bangladesh, Sri Lanka and India than in Pakistan. Making tobacco beyond the reach of the common man is one of the WHO recommendations to discourage its use. Ten percent increase in cigarette price brings 8 percent reduction in its consumption," he said.

(By Newspaper's Staff Reporter, Dawn, 14, 19/11/2021)

40% of Pakistanis suffer from iron deficiency

Iron is the most important mineral for the proper functioning of the human body and its deficiency can result into serious complications on people of all ages. To raise awareness about this issue, an Iron Deficiency Day is celebrated globally on November 26. The purpose of the day is to highlight how iron deficiency can take away colours from life.

As per a report, 30 per cent of population in Pakistan is suffering from this problem which is responsible for 40 per cent of maternal death and unfortunately adolescent females are also at a high risk of suffering from it.

Expressing his views CCO at Martin Dow Marker (MDM), Rashid Hasan Khan said, "According to the national health survey, iron deficiency is the largest nutritional deficiency affecting 1.62 billion people around the globe. The most affected group is preschool-age children, with a prevalence of 47 per cent, followed by pregnant women (41 per cent), non-pregnant women (30 per cent), school-age children (25 per cent), and people older than 60 years of age (24 per cent); men are the least affected group (12 per cent).

Consequences of iron deficiency are devastating and it is high time that people take iron balanced diet, regularly monitor their HB levels and immediately consult a doctor in case symptoms appear."

He further said, "In a series of activities, MDM engaged 3,000 doctors to raise awareness among the general public. Awareness walks, academic sessions, medical seminars, camps to monitor Hb and blood levels and virtual information sessions were conducted to highlight the severity of the disease and its complications for all age groups."

(By Newspaper's Staff Reporter, The Express Tribune, 05, 28/11/2021)

Drive against measles

A nationwide campaign to inoculate children against measles and rubella is currently underway. The fully vaccinated get life-long immunity from these dangerous illnesses. Unvaccinated children are vulnerable to contracting these diseases, which may give rise to complications in later life, such as physical/mental stunting, deafness and cardio-vascular issues. Women suffering from measles and rubella during pregnancy might give birth to babies with some of the afore-mentioned complications.

Every four years, the government launches a countrywide measles/rubella vaccination drive and gradually aims to eliminate these diseases. If all children, between the ages of nine months and 15 years, are immunised, it will also protect the coming generations from these dangerous diseases. Despite the great benefits of inoculation, this time around, the national campaign is meeting with vaccine refusal by parents in some parts of the country due reportedly to a few deaths after vaccination during the previous two vaccination drives. It is generally believed that the fatalities occurred because some vaccinators were untrained. The government intends to vaccinate children at their schools, but schoolteachers and functionaries are hesitant to directly participate in the vaccination drive, so they are sending the consent form to parents.

Health officials say they have ensured that only well-trained hands are given the responsibility of administering the vaccine. Parents should be informed of the side-effects of the jab and who should not take it. Those suffering from fever, including pregnant women, and other sick persons should not be given the injection. The side-effects of the jab are ordinary. This information will go a long way in removing hesitancy. It appears that the inoculation campaign has not been given proper publicity. Few know two doses of the vaccine are to be injected with an interval of 28 days, and the syringes used are auto disposable. It should also be ensured that vaccinators are not given specific targets.

(By Editorial, The Express Tribune, 14, 28/11/2021)

No end to patients' suffering as doctors-govt talks fail

The Young Doctors Association (YDA), Sindh, continued their boycott of out-patient departments (OPDs) at public sector hospitals on a third consecutive day on Wednesday across the province as talks between their representatives and health department officials failed.

The association announced that they would continue their boycott till their demands were met.

"Today's meeting of YDA Sindh was scheduled with health officials. Each and every point was discussed in detail but (the parties) couldn't reach any conclusion. That's why a complete boycott of OPDs will continue till acceptance of our demands," said Dr Faizan Hussain Memon in a message on a social media group.

Sources said the talks between the association representatives and the health department officials couldn't reach a common point for consensus. The government officials sought more time to look into the demands of YDA, which wanted an immediate notification on a few issues.

Protest sit-in of nurses continues

Earlier in the day, patients at OPDs had to return home without any medical consultation amid doctors' protests held in major tertiary care hospitals of the province including the Jinnah Postgraduate Medical Centre, National Institute of Child Health, Dr Ruth Pfau Civil Hospital Karachi and Civil Hospital Hyderabad.

However, the young doctors' body claimed that there was no disruption in service at emergency units, intensive care units, operation theatres and general, private wards.

The association is demanding paid deputation and central induction policies, increase in risk allowance and stipends of post-graduate trainees and house officers and regularisation of all doctors hired on contract basis.

It also urged the government to make Covid-19 risk allowance a permanent feature of doctors' salaries and resolve the matter of their transfers at JPMC and NICH.

The government should also announce 500 seats of dental surgeons and make a separate cadre for the hiring of medical legal officers, YDA officials said.

At their demonstration at CHK, doctors also demanded that CT and MRI scan machines be made functional.

At the JPMC, several protesters held banners inscribed with slogans demanding immediate hiring of doctors to address their shortage at the hospital.

Meanwhile, nurses' representatives continued with their sit-in outside the Karachi Press Club.

"So far, the government has only notified recruitment and promotion rules. We want some other issues to be resolved first before ending our protest," said Aijaz Kaleri representing the Young Nurses' Association, Sindh, adding that the government officials had sought time till Friday (tomorrow).

The nurses have suspended their services in the general wards of public sector hospitals across Sindh. A few days back, scores of nurses were thrashed, baton-charged and briefly detained by the police when they tried to march on the Chief Minister House.

Their demands include regularisation of nurses appointed at various healthcare facilities over the past two years for services related to Covid-19 and implementation of the Pakistan Nursing Council decision, according to which, nurses should head educational and training institutions for lady health workers and midwives.

"The government should also separate nurses' education and deputation policies from that of doctors and raise stipend of trainee nurses who are getting a meagre monthly stipend of Rs15,880 unlike other provinces where this amount has risen to Rs33,000," said Mr Kaleri.

(By Faiza Iyas Dawn, 13, 09/12/2021)

Doctors resume work at Sindh's OPDs

Out-patient-departments (OPDs) at public sector hospitals across the province finally opened on Tuesday following successful negotiations between junior doctors and government officials.

The OPDs remained closed for more than a week due to junior doctors' boycott of patient services.

"We worked in the OPDs but also observed a black day as well against yesterday's police action. In our late-night talks, the government accepted almost all our demands," said Dr Faizan Memon of Young Doctors Association-Sindh, adding that the government had issued a notification on relevant matters that had led to the protest.

The deadlock, he pointed out, was over regularisation of Covid-19 doctors. "The government officials have assured us that this issue would be sorted out in a technical way as it has legal implications. We are told that these doctors would be hired on a six-month contract basis till this matter is resolved permanently else we will resume our boycott."

(By Newspaper's Staff Reporter, Dawn, 13, 15/12/2021)

Healthcare in Sindh hamstrung by shortage of nurses

For a province burgeoning with a population of more than 50 million people and a viral threat at large, Sindh's public healthcare sector has found itself to be severely short-handed at the most uncertain of times.

Longstanding vacancies in the sector and growing resentments among the nursing staff has left many of Sindh's hospitals operating with one hand behind their back, causing patients to crowd and wait several hours for treatment.

Per Young Nurses Association of Sindh, the province's public healthcare sector requires at least 10,000 nurses in order to operate without delays, but barely 4,000 nurses are currently stationed in government hospitals across Sindh.

Elaborating on openings within the sector, a representative of the organisation said that there are currently 954 vacancies for Grade 16 Staff Nurses and 702 vacancies for Grade 17 Senior Nurses. "This is in addition to 103 vacancies for Head Nurse Grade 18, 70 vacancies for Nursing Superintendent Grade 18 and 19 posts of Chief Nursing Superintendent Grade 19, which are all vacant," the source informed.

Speaking in the regard, Sindh Health Department's focal person for nursing Khairul Nisa Khan confirmed that there is a severe dearth of nurses in the province. According to Khan, Sindh has a cumulative strength of 11,000 available nurses, which too isn't justified in comparison to the province's burgeoning population.

Addressing the standard population-to-nurse ratio, Khan said that according to the World Health Organisation, at least 50 nurses are needed for every 10,000 people. Considering that the population of Sindh is almost 55 million, the province is in dire need of at least 260,000 nurses to support the overall healthcare system. "But there is an urgent need for at least 8,960 general nurses for government hospitals, 2,000 for intensive care units and 100 nurses for HDU units," he shared.

It is however interesting to note that Sindh houses a total of 19 nursing colleges, where out of the 266 posts for Grade 17 superintendents, over 89 are vacant to date. The total number of posts of Clinical Lecturer Grade 18 is 66, out of which 44 are vacant. In addition to that, two posts of Nursing Director and Principal Nursing College Jamshoro Grade 20, two posts of Deputy Director Nursing of Grade 19, two posts of Sindh Nursing Controller and Assistant Director Nursing Grade 18 one post of Deputy Controller Grade 17 is also still vacant.

Resultantly, nursing students being trained under nursing departments of Sindh's government hospitals have been left in a quandary about their academic and professional fate. Speaking on the matter, Sindh Nursing Association President Ejaz Kaliary lamentingly said that government hospitals here tend to treat their nursing departments like step children. "The nursing staff has been deprived of promotions to the next grade for the past several years. Nursing Cadre Health Professional Allowance was not given in 2019. An additional 5,000 posts of Nursing Cadre Grade 16 and 17 should be sanctioned immediately, while the stipend for Nursing students should be increased from Rs15,880 to at least Rs30,000, while the management wing of nursing staff should be approved immediately," he expressed while talking to The Express Tribune.

(By Tufail Ahmed The Express Tribune, 04, 18/12/2021)

Pioneer of bone marrow transplant in Pakistan passes away

Dr Tahir Sultan Shamsi, who introduced bone marrow transplant treatment for Leukemia in Pakistan, passed away at a private hospital in Karachi on Tuesday.

Survivors include two sons, three daughters and a widow. His funeral prayers were offered at Najam Mosque on Tipu Sultan Road.

The funeral prayer was attended by thousands of people belonging to different schools of thought, including political leaders while a large number of people belonging to the medical field including Pakistan Islamic Medical Association, Pakistan Medical Association and Pakistan Pharmaceutical were also present.

After the funeral prayers in the afternoon, Dr Tahir Shamsi was buried in the graveyard at Yousufpura RCD Road. Funeral prayers were attended by Jamaat-e-Islami Karachi Amir Hafiz Naeem-ur-Rehman, Head of Indus Hospital Prof. Abdul Bari Khan, Dr Saqib Ansari, Prof. Rafiq Khanani, Abdullah Feroze and thousands of other citizens.

After the funeral prayer, Hafiz Naeem-ur-Rehman said that Dr Tahir Shamsi was a symbol of service. The federal government should grant him a national award in recognition of his services.

Head of Indus Hospital Dr Abdul Bari Khan said that Dr Tahir Shamsi has formed such a team which will carry forward his mission.

Dr Tahir Shamsi was born on February 18, 1962. He was blessed to memorize the Holy Quran at the young age of eight years. Dr Tahir Shamsi secured his MBBS from Dow Medical College Karachi in 1988 and obtained post-graduate degree from UK for blood diseases including blood cancer. He graduated from the Royal College of Pathologists.

Dr Tahir Shamsi has more than 43 research publications in international journals while he has also written seven books. He was also the editor of several haematology journals. His articles on blood diseases are also included in the medical curriculum of India.
(By Newspaper's Staff Reporter, The Express Tribune, 04, 22/12/2021)

Sindh govt hands over KMC-run cardio hospital to NICVD

The Sindh government-run National Institute of Cardiovascular Diseases (NICVD) took a major step to make the Karachi Institute of Heart Diseases (KIHD) one of its satellite centres when it opened a chest pain unit on its premises on Friday.

The move was in line with the last month's announcement by Karachi Administrator Murtaza Wahab, who had said that the Karachi Metropolitan Corporation-run KIHD would start functioning as a satellite centre of the NICVD from Dec 25.

However, almost all opposition parties, including the Muttahida Qaumi Movement-Pakistan, Jamaat-i-Islami, Pak Sarzameen Party, Pakistan Tehreek-i-Insaf, had opposed the plan and termed it an attempt by the Pakistan Peoples Party government to snatch health facilities of the KMC. They had vowed to use all legal and democratic means against the move.

Murtaza Wahab inaugurates chest pain unit at KIHD

The provincial government has already taken back the health and education functions from the local government organisations under the Sindh Local Government (Amendment) Act 2021.

Speaking to *Dawn*, an official of the NICVD said that it's the first step to take over the KIHD. "The KIHD doesn't have an outpatient department for children. The government plan is to provide all heart-related facilities to patients free of cost."

Wahab inaugurates new unit

The inaugural ceremony of the chest pain unit was performed by Administrator Wahab, who is also the spokesperson for the provincial government and chief minister's law adviser.

At the ceremony, Mr Wahab said: "I had a dream that KIHD in Federal B. Area becomes a centre for NICVD so that residents of districts Central and East could also be provided modern cardiac care facilities near their area of residence, free of cost."

He appreciated services of NICVD and said it was a flagship programme of the Sindh government through which state-of-the-art healthcare facilities were being extended to the entire province, including the remotest areas such as Mithi and Tharparkar.

"Now people from not only entire Pakistan, including Balochistan, Punjab, Khyber Pakhtunkhwa, Kashmir, but also from abroad are arriving at the NICVD Karachi and Sukkur to avail top of the line cardiac-care facilities," he claimed.

Sharing the health facility's progress in recent years, NICVD Executive Director Prof Nadeem Qamar said over 675,604 patients had been examined at chest pain units over the last five years. Of them, 246,228 were cardiac patients and 14,331 people had heart attacks, whose lives were saved in time by providing them proper medication.

17th facility in Karachi

He said that the chest pain unit at the KIHD was 17th facility of the NICVD in Karachi. He said one each unit had been set up in Tando Bago, Ghotki, Jacobabad, Umerkot and Tando Allahyar. "The units are functional and providing state-of-the-art cardiac care and treatment to patients at their doorstep totally free of cost."

"When a patient comes to our health facility, we ensure that each patient gets the required treatment. This is the most successful healthcare programme across the world, which has saved countless lives and helped thousands of people to live a healthy life," he said.

The NICVD, he said, in collaboration with the Sindh government was providing free-of-cost quality care at its satellite centres and chest pain units in the province.

"From a hospital, NICVD has been transformed into a large network in a short span of five years. Today, it has 10 fully fledged hospitals and 22 chest pain units in the province," he said.

Prof Riffat Sultana, the KIHD executive director, Dr Zair Hussain heading emergency services at NICVD, senior cardiologists and local government representatives also attended the event.
(By Faiza Ilyas Dawn, 13, 25/12/2021)