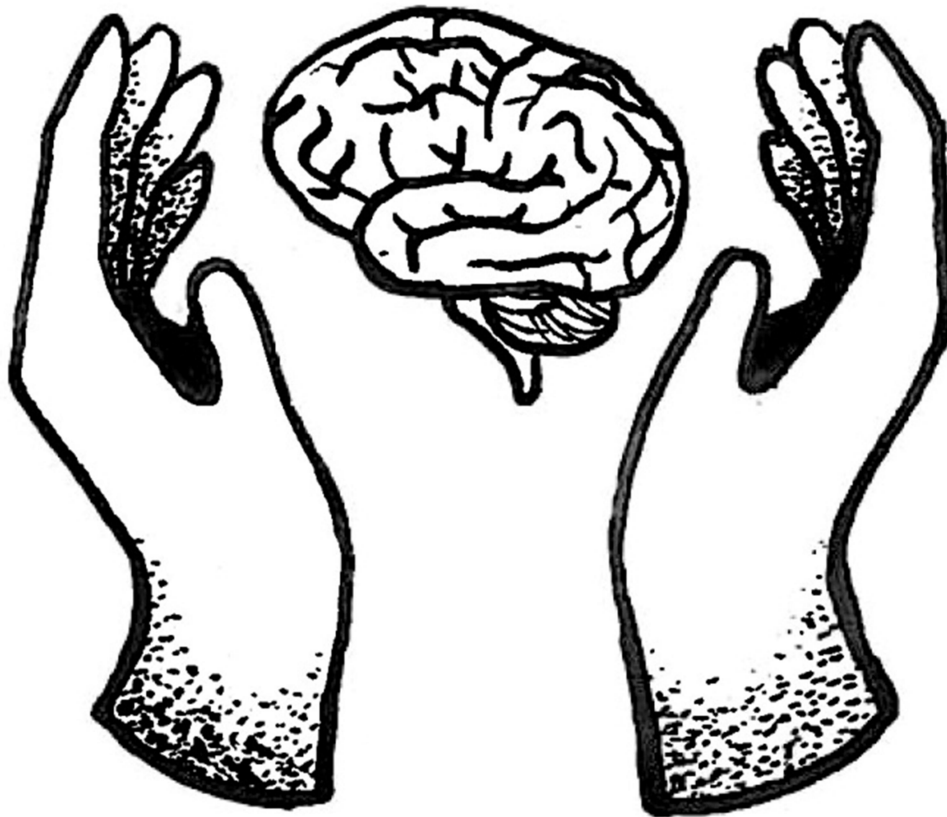


NEWSCLIPPINGS

JANUARY TO JUNE 2018

HEALTH



Urban Resource Centre

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No improvement in health sector in 2017: PMA

Wrapping up the overall healthcare situation in the country on New Year's Eve, the Pakistan Medical Association (PMA) on Sunday said nothing had changed in the health sector during 2017.

"Instead of any improvement things have gone from bad to worse," said PMA secretary general Dr SM Qaisar Sajjad in the brief year-ender issued by the body representing the medical fraternity in the country.

The PMA, said the statement, had always offered recommendations to the governments to improve the healthcare system in Pakistan.

"Unfortunately, the state of affairs shows that the voice of the PMA always falls on deaf ears," said the PMA statement.

"Our health delivery system again in the year 2017 is deteriorating and has failed to deliver the poor masses of this country."

It said there was a lack of facilities in the public sector hospitals, be it with regards to treatment or cleanliness.

"The bad sanitary conditions and sewerage around government-run hospitals is still a normal sight for everyone. Even portable water is not available in hospitals."

It said those unhygienic conditions were adding to the misery of patients. "Mosquitoes, flies and bed bugs in and around the hospitals are causing diseases such as malaria, chikungunya, dengue, diarrhoea etc. Even this year we were not able control the preventable diseases."

The PMA said waterborne diseases remained on the rise. Oral cancer could not be controlled because "we failed to ban the import of chhalia (beetle nut)".

It said proper hospital waste management process had not been adopted anywhere in the country. "All this is increasing the burden of diseases in Pakistan."

The report said basic facilities for patients and attendants did not show any improvement in the public sector hospitals.

"One can see loads of medical stores and laboratories around the public sector hospitals, this is all because these hospitals are not providing such facilities to poor patients."

Referring to the recommendations of the World Health Organisation (WHO), Dr Sajjad said the health budget of a country should be at least six per cent of the national GDP. "In our case, the health budget, despite repeated PMA pleas and reminders to the government to meet WHO standards, has remained less than one per cent."

The PMA said the health sector under the government could not carry out an effective vaccination or immunisation programme "with honesty, commitment and professionalism during 2017".

It said had such honesty and commitment been shown, "we could have eradicated many diseases. Even after having dozens of polio rounds, we have not been able to achieve the goal of a polio-free Pakistan during 2017".

The statement said the PMA believed that proper planning, political will, honesty, increase in health budget and its proper allocations, and above all, consolidated preventive measures could improve the health delivery system in 2018.

"PMA is always ready to help and support the federal and provincial governments for improving our health profile."

(By The Newspaper's Staff Reporter Dawn, 16, 01/01/2018)

Health department rushes to rescue its facilities

The government continued with its policy of public-private partnership in the health and education sectors in the year 2017.

However, many viewed this strategy firstly as an indirect admission of the government's failure to manage and deliver the two essential and basic services; secondly as its efforts to absolve the state of its constitutional obligations and responsibilities of providing these services to its citizens; and thirdly to pursue this policy under political expediencies to favour and oblige some individuals or groups to whom these health and educational institutions are being handed over.

Whatever the reasons behind the government's strategy, the policy of public-private partnership has not succeeded in bringing about relief to public at large and the government's solution to all its problems — public-private partnership — has failed to achieve its goal and uplift the health sector in Sindh.

According to reports, the state and performance of health facilities handed over to the private sector have seriously deteriorated, indicating the failure of the public-private mode of operation. The provincial health department has sprung into action following reports of poor functioning of these hospitals.

The statistics

In its initial investigation, it sent inquiry teams to the Sindh Government Children Hospital, Government Ibrahim Hyderi Hospital and 34 primary health centres in the city. In addition to Karachi, the government has handed control of over 1,165 primary health centres in rural Sindh under the People's Primary Health Initiative. One hundred and four rural health centres have been handed over to a non-governmental organisation named Integrated Health Services. Health and Nutrition Development Services (HANDS) will operate the Sindh Government Ibrahim Hyderi Hospital and 34 primary health centres.

SHC CJ wants judges, lawyers to work for health, education

The Sindh Government Children's Hospital at Nagan Chowrangi will be managed by a Khyber-Pakhtunkhwa based NGO named Pakistan Poverty Alleviation Fund (PPAF) whereas all public health facilities located in Thatta and Sujawal districts will be handed over to the Medical Emergency Resilience Foundation (MERF). Similarly, control of the Badin Civil Hospital was transferred to the Indus Hospital. The government-run ambulance services in Thatta and Sujawal have also been transferred to the Aman Foundation under the public-private partnership scheme. Likewise, a Thatta hospital built using funds from the Iranian government has been handed over to a Karachi-based doctor.

A senior official in the health department told Express News on the condition of anonymity that the government has initiated an inquiry following patient complaints at the Sindh Government Children's Hospital at Nagan Chowrangi. Before the transfer of managerial control, the hospital used to run on an annual budget of Rs100 million, which included salaries of hospital staff. The hospital was transferred to the PPAF on the request of a senior leader of the Pakistan Peoples Party, after which the budget soared to Rs440 million.

The findings of the initial inquiry revealed that the new management of the hospital made 54 unnecessary appointments of officers on exorbitant monthly salaries. Similarly, the performance of the Ibrahim Hyderi Hospital and primary health centres under the management of HANDS has also deteriorated.

In its inquiry report for the hospital, the health department has pointed out problems such as unavailability of drinking water for patients, use of substandard medicines and absenteeism of doctors.

Sindh's health department has taken serious notice of the lacklustre performance of NGOs given control of provincial health facilities.

Work hard or opt out, warns health minister

All the hospitals and health facilities were handed over to the private sector organisations after receiving the go-ahead from the Public-Private Partnership Board headed by the chief minister.

Gulshan-e-Iqbal hospital

The operational status of a large public hospital built at a cost of Rs1.6 billion in Karachi's Gulshan-e-Iqbal has been changed. The hospital, originally designed as an all-purpose general hospital, will now operate only as an orthopaedic centre. The 400-bed hospital originally had departments for all medical specialties, including gynaecology. However, the government was lured into converting the hospital into an orthopaedic centre by a retired professor of Jinnah Postgraduate Medical Centre (JPMC).

The government agreed to handover charge of the hospital to the retired professor and also approved the renaming of the hospital to the Sindh Institute of Traumatology, Orthopaedic and Rehabilitation during a cabinet meeting.

The hospital was constructed in eight years but a large part of its premises, including the parking lot, still awaits completion.

According to sources, the hospital was handed over to the retired executive director of JPMC, Professor Anees Bhatti, on a political basis. As director of the hospital, Professor Bhatti had unduly reserved the special ward of the hospital for important leaders of the Pakistan Peoples Party. Hospital supplies amounting to Rs80 million were also purchased and stored in the store of Karachi's health director but due to a change in the operational status, the Institute decided to buy its supplies from scratch.

Not as easy as ABC: Sindh's education, health 'emergency' is in crisis

The hospital, a three-storey complex, is built over an area of 4,000 square-yards. It is meant to run independently under the supervision of its governing body.

Ibrahim Hyderi Hospital

A three-member health department team visited the 120-bed Ibrahim Hyderi Hospital on October 28, 2017 to evaluate its performance. The hospital is currently being run by HANDS and was handed over in November 2016.

The hospital has reportedly been using substandard medicines and there is no food provision for patients. Like many other public hospitals, patients do not have access to clean water. The hospital has a yearly allocation of Rs76 million from the health department of which Rs18.5 million was released for this quarter.

The hospital records had listed the number of patient admissions as 35, however, the team observed only two patients. A gynaecologist reportedly performed just one surgery during the past eight years, as revealed in the report submitted by the health department's monitoring team.

Upon inquiry, the hospital administration said the patients had been discharged. However, the NGO failed to provide treatment records for the missing patients.

Reports have also come in that pregnant women are being asked to go to JPMC for their deliveries. There is no water at the hospital, even in the bathrooms. The NGO procures only one water tanker a week, which is why patients are often turned away and referred to JPMC.

The team also found that the hospital does not even have stationery to help maintain patient records. Sources said that fake patient admissions were being documented to please top officers.

'Impose health emergency to tackle maternal deaths'

The hospital has 54 doctors on its payroll, however, a majority did not report for their duties. Most of the 16 female doctors remained absent throughout the year.

Another matter of concern was the absence of a qualified pathologist at the hospital's laboratory. The laboratory is being run under the supervision of a technician.

The monitoring team also visited another hospital handed over to HANDS in Memon Goth. The 50-bed hospital was also reportedly facing a shortage of medicine and food for patients. Some of the medicine being used was found to be of the poorest standards.

The NGO is also in charge of the administration of 34 health centres in Malir, all owned by the Sindh government. However, the performance of such centres is also questionable.

Govt hospital Thatta

The monitoring team also visited the Sindh Government Hospital in Thatta. The hospital is being run by MERF and it is in a similar state to the other hospitals being run under public-private partnership.

Its emergency ward has barely any medicine and, like many hospitals of its kind, there are no provisions for patients' food.

(Tufil Ahmed, THE EXPRESS TRIBUNE , 14, 01/01/2018)

Sindh govt plans to make NICH world-class hospital

Chief Minister Murad Ali Shah has said he wants to transform the National Institute of Child Health (NICH) into a world-class hospital.

He was presiding over a meeting on the NICH at CM House here on Thursday which was attended by Health Minister Dr Sikandar Mandhro, Health Secretary Dr Fazal Pechuho, principal secretary to CM Sohail Rajput, NICH director Prof Jamal Raza, Prof Khalid Mehmood and Prof Jamshed Akhter.

"I want to improve the functioning of NICH and run it on the patterns of NICVD," the chief minister said. He asked the NICH director to establish two satellite centres one at Lyari and the other in Hyderabad with all facilities.

Mr Shah also allowed creation of administrative positions to run the institute purely on professional merit, assuring extra budget for construction of different blocks and face uplifting of the hospital.

He said it was one of the best institutes like NICVD and SIUT but had to improve itself further by taking some administrative and professional measures such as appointment of specialists, creation of administrative cadre and construction of additional blocks.

The chief minister approved Rs20 million for purchase of 1,500 kVA generator and other equipments for the hospital.

Giving presentation to the chief minister, Prof Jamal Raza said NICH is a 500-bed hospital. It was visited by 126,184 patients in 2016 while 429,111 patients' lab tests were conducted.

He said there was a need to establish a new pediatric surgical complex over an area of two acres where surgical rehabilitation centre, hematology, bone marrow transplantation and molecular genetics & research departments could be established.

"The land belongs to Pakistan Army Welfare Trust," he said.

The chief minister directed his principal secretary to talk with the army trust and request them to support the cause of the hospital. However, his government would pay the price of the land.

On the request of the NICH director, Mr Shah allowed health allowance to NICH staff as was being given in Jinnah Postgraduate Medical Centre.

He also gave approval for promotion of staff and appointment of doctors, nurses, paramedics and other lower grade employees.

(By The Newspaper's Staff Reporter Dawn, 18, 05/01/2018)

CJP takes private medical colleges, hospitals to task in Sindh

The Supreme Court (SC) constituted on Saturday a five-member committee for the inspection of private medical colleges to report on admission procedures and determine the availability of teaching facilities across the province.



The committee will comprise the provincial health secretary, vice-chancellors of Jinnah Medical University, Aga Khan University and Dow University of Health Sciences and two senior lawyers.

A three-judge bench, headed by Chief Justice of Pakistan (CJP) Mian Saqib Nisar, which constituted the inspection team, also ordered the medical superintendents of all hospitals to submit their personal affidavits, along with details relating to availability of medical and treatment facilities, functional and non-functional equipment, strength of the staff and transfers and postings of medical staff.

To begin with, the committee was directed to conduct inspection of Jinnah Medical University tomorrow (Monday).

The bench, which also comprised justices Faisal Arab and Sajjad Ali Shah, issued these directives while hearing a suo motu case relating to poor conditions of public and private health facilities in the province at the SC's Karachi Registry.

Justice Nisar clarified that the proceedings were not meant to stop the process of admissions at the private medical colleges. "We are sitting here to safeguard the fundamental rights of the citizens," he added.

CJP suspends medical college VC, summons Rajwana's son

However, the top judge told the representatives of private medical colleges and universities that admissions will now be subjected to the order of the court.

It directed the provincial health secretary and others to submit the criteria and procedures required for admissions at private colleges and universities.

Meanwhile, the apex court granted 15 days to the private medical colleges and varsities' management to ensure implementation on the laws regulating admissions, teaching and other facilities.

Supreme Court upholds LHC decision to disband PMDC

Justice Nisar cautioned them that implementation of the laws will be ensured at any cost, therefore the management of the private medical colleges as well as the hospitals must mend their ways.

The bench directed the medical superintendents of all the hospitals run by the government to submit complete record relating to availability of treatment facilities, functional and non-functional equipment, strength of the staff, their transfers and postings. Such reports should be supported by the personal affidavits of the medical superintendents, the judges ordered.

The bench asked Dr Asim Hussain, the head of the Dr Ziauddin chain of private hospitals, to assist the court in resolving the issue of excessive fee charged by private colleges.

Small quarters, garages being used as medical colleges: Justice Nasir

“We want that the children of the poor should also become doctors. Education is not only for the rich,” remarked Justice Nisar.

VVIP movement

The CJP set an example for ending the VIP culture by visiting the mausoleum of Mohammad Ali Jinnah without any protocol early Saturday morning.

Later, while hearing a human rights application against the blockade of public thoroughfares and roads for the VVIPs movement, the CJP ordered that no public thoroughfare or road should be blocked for movement of any political or VVIP personality all over the country.

“The SC will not tolerate suffering of the public because of road blockades,” he remarked. He directed the provincial government to ensure that public roads should not be blocked for more than two minutes, as prescribed in the law.

Earlier, Advocate-General Barrister Zamir Ghumro said that the law provides for interrupting vehicular traffic on the roads for two minutes due to VVIP movements. However, he maintained that no public thoroughfare in the province had been blocked on a permanent basis. (By Naeem Sahoutara, THE EXPRESS TRIBUNE , 04, 14/01/2018)

SC orders inspection of packaged milk producing companies in Sindh

The Supreme Court (SC) had ordered on Saturday quality testing of different brands of packaged milk by the Pakistan Council of Scientific and Industrial Research (PCSIR).



A three-judge bench, headed by Chief Justice of Pakistan Mian Saqib Nisar, passed this order while hearing a human rights application relating to deficiencies in the production, processing and packaging of packed milk in the province. Also comprising justices Faisal Arab and Sajjad Ali Shah, the bench was hearing the matter at the SC's Karachi Registry.

At the outset of the hearing on Sunday, the Sindh High Court's (SHC) nazir submitted a report, stating that raids were being conducted to confiscate banned hormonal injections used on livestock to artificially increase milk production.

The bench also ordered authorities concerned to start immediate inspections of all the companies manufacturing packaged milk. It sought the inspection report from them.

The report said 39 such injections were confiscated from Shaheen Medical Store. 12 milk sellers held for adulteration

The bench directed the nazir to continue raids to curb the sale of the injections, which were hazardous to the health of animals as well as human beings.

The judges also directed the provincial health secretary to direct the drug inspectors to conduct raids at the shop selling the harmful injections in wholesale and retail and take action strictly in accordance to the law.

They also ordered the Federal Investigation Agency authorities to accompany the SHC nazir during raids and take action against the defaulters.

CJP comes down hard on authorities, says SC will deal with Karachi water tanker mafia
Justice Nisar ordered the company to clearly mention on the packet of its product that it was not milk. The company was granted time of 10 weeks to publicise its product after making the change.

The CJP directed a lawyer, who was appointed as commissioner to collect the samples of different brands of packaged milk being sold in the market, to send the same to the PCSIR for quality testing.

Justice Nisar said he would pay for the samples' testing fee from his own salary and asked the commissioner to get the money from his secretary.
(THE EXPRESS TRIBUNE , 05, 14/01/2018)

Govt approves increase in drug prices in line with inflation

The government has decided to amend the Drugs Pricing Policy 2015 in an attempt to burden consumers with the cumulative effect of price increases for life-saving drugs in the past two years to avoid court cases by pharmaceutical companies.



It has also decided that the increase in prices for these drugs should be automatic after the unveiling of the annual Consumer Price Index (CPI) by the Pakistan Bureau of Statistics (PBS).

These decisions were taken by the cabinet in a meeting held in the first week of the current month. Cabinet approves prices of 113 new drugs

The Drug Regulatory Authority of Pakistan Act 2012 empowers the federal government to fix the maximum retail price of a drug to be sold in the market. The Economic Coordination Committee (ECC) had approved the Drug Pricing Policy in 2015 which provided a comprehensive mechanism for setting maximum retail prices of drugs under various scenarios.

According to this policy, the annual increase in drug prices will be linked with the CPI of the previous financial year with effect from July 1, 2016.

After the announcement of 4.16% CPI reading for fiscal year 2016-17 in the first week of July 2017, some pharmaceutical companies increased prices of life-saving drugs in line with the price index.

However, they were advised not to increase the prices by the time it was approved by the federal government.

Consequently, two pharmaceutical companies filed cases in the Sindh High Court, Karachi, which in its order on August 24, 2017 directed that the Drug Pricing Committee should hold a meeting within 20 days in order to consider the annual increase made under the Drug Pricing Policy 2015.

In compliance with the court's order, the Drug Pricing Committee met on September 8, 2017. It recommended an annual increase in prices of life-saving drugs in accordance with provisions of the Drugs Pricing Policy 2015, which meant a 2.08% rise in prices of scheduled drugs, 2.09% increase in prices of non-scheduled drugs and 4.16% hike in lower-priced drugs.

The committee also considered increase in the threshold limits of lower-priced drugs and noted that the limits were not widened last year when the revision in maximum retail prices of drugs was allowed on the basis of CPI movement at 2.86% in financial year 2015-16 as announced by the PBS.

Therefore, the pricing committee recommended a 1.43% increase in the threshold limit for 2015-16 and 2.08% for 2016-17.

Drug price increase: Punitive steps for violators proposed

The Ministry of National Health Services, Regulations and Coordination proposed that the cabinet may approve a draft notification in respect of the increase in threshold limits of lower-priced drugs.

After deliberations, the cabinet decided that the increase in drug prices should be automatic after announcement of the CPI and if difficulties arose like the filing of court cases, the cumulative effect should be passed on.

(THE EXPRESS TRIBUNE, By Zafar Bhutta, 13, 25/01/2018)

Health facility in Malir locality functioning without water, electricity

How serious the government is about tackling maternal and child health challenges can be gauged from the state of a health centre being run in Kathore, a union council of Malir district, located off the Superhighway near two major residential-cum-commercial projects.



Established in 1984 as a maternity home, the facility operates as what the staff described as a mother and child health centre. It's the only health facility catering to a large population of the union council, apart from those coming here from the surrounding areas and Jamshoro district.

The facility neither has piped supply of water nor electricity. The electric equipment provided to the facility for preserving vaccines for routine immunisation as well as for the hepatitis programme has been lying unused for the past two years.

'The electricity problem cannot be solved without government intervention'

Speaking to Dawn, the staff at the centre said that the facility could never function as a maternity home. "I came here in 1991 and saw it working as a mother and child health centre. There is no water and electricity. So, you can imagine how difficult it is to work in such conditions," Dr Shama Zareen, herself a patient of diabetes and hypertension, told Dawn.

Answering a question, she said that unless the government arranged technical staff, equipment, as well as 24-hour electricity, the facility could never function as a maternity home. "Such a facility has to operate round the clock. Right now, we neither have sufficient staff nor equipment for delivery cases, which are referred to a health facility adopted by a non-governmental organisation in Memon Goth."

Vaccine preservation units lying unused at the Mother and Child Health Centre, which was inaugurated as a maternity home in 1985 in Kathore, according to this plaque. —Fahim Siddiqi/White Star



According to the staff, electricity supplies were disconnected when the power utility took away its transformer on non-payment of dues two years ago. "It's because people living in the surrounding areas are not willing to pay their dues. This problem cannot be sorted out without government intervention," they said, adding that water for the centre was collected from nearby localities.

When asked how vaccines are preserved, vaccinator Jamal Jukhio claimed that they were kept in ice boxes.

A male doctor appointed at the facility was found to have a private clinic near the centre. He, however, was not present in his clinic during the visit. Residents alleged that he often examined patients in his clinic.

Highlighting the residents' problems, Hafeez Jokhio, a social activist of the area, said: "We have a serious health crisis in our union council estimated to have a population between 20,000 and 30,000. A large population is dependent on this sole facility, which lacks basic amenities."

Most residents of this rural area, he pointed out, were engaged in menial jobs and couldn't afford to go to the city for treatment. The worst sufferers were pregnant women and the elderly.

“People are reluctant to go to the only (private) hospital located in Gadap town as they don’t have expert staff at night. Hence, people have no option but to take their patient either to the Jinnah hospital or Civil hospital. But, this is possible only if they are able to collect some donations or borrow money from their friends,” he said.

(By Faiza Ilyas Dawn 17, 25/01/2018)

SC bans four brands of packaged milk, orders removal from market

The Supreme Court of Pakistan on Saturday banned the sale of four brands of sub-standard packaged milk in the province ordering the authorities to remove these brands from sale racks.

While taking up suo motu proceedings on the sale of substandard spurious packaged and fresh milk, a three-judge bench of the apex court also directed the authorities concerned to conduct laboratory tests of packaged milk of all brands being sold in the market of the mega city.

The bench headed by Chief Justice Mian Saqib Nisar banned the sale of Day Fresh, Nurpur, Day Fresh UHT and Skimilac and ordered the companies to immediately remove their respective products from the market.

A specially-formed commission headed by Advocate Mohammed Vowda presented its report along with the report of the Pakistan Council of Scientific and Industrial Research (PCSIR) on the quality of the milk being sold in the market in packets.

The report said that 53 milk samples were collected and four were found unfit for human consumption while some of them were fit, but not up to the national standard.

The chief justice came down too hard on the counsel representing one of the products when he said that his client was manufacturing three different items, but only one of them was found unfit while remaining were cleared.

The chief justice remarked: “You will face only financial loss, but the milk may cause the loss of lives of the people who consume it,” and added that the court would not compromise on this issue.

“The entire stock of substandard products should be brought back from the market,” the court ruled.

The litigants also stressed the need for establishing Food Authority to look into such issues and keep a vigilant eye on the food items being supplied to citizens.

A civil right campaigner, Imran Shehzad, told the judges that he had moved the Sindh High Court for the establishment of the Sindh Food Authority.

Advocate General Barrister Zameer Ghumro said that the bill to establish the Sindh Food Authority had already been passed by the provincial assembly. He added that the rules were made in this regard and the appointments were also being made, assuring the court that the authority would be functional within four weeks.

The CJP also voiced displeasure over the excessive use of injections being administered to cows for enhanced milk supply.

Bottled water samples

Meanwhile, the CJP also sent samples of Nestle water that he was consuming and as well as samples of dispensers installed at the Karachi registry of the apex court to the PCSIR to ascertain whether they were fit for human consumption or not.

The bench that also comprised Justices Gulzar Ahmed and Faisal Arab was hearing the case regarding environmental pollution at the city harbour and coastal areas and their poisoning due to unmitigated release of industrial waste.

While dismissing several review petitions, the court expressed displeasure over the performance of all stakeholders, including the federal, the provincial and the local governments.

CJP Nisar observed that contracts of billions of rupees for installing 1,900 reverse osmosis plants had been awarded to a man who was the relative of a former ambassador.

The person who was awarded those contracts by the Sindh government was also the relative of the former Prime Minister, Yusuf Raza Gilani, he added.

(By Tahir Siddiqui Dawn, 17, 28/01/2018)

`Pakistan registers 148,000 cancer cases every year`

Pakistan, a country that yearly reports about 148,000 new cancer cases, can greatly benefit from new research into the molecular structure and genetic make-up of tumours, which is enabling experts to have targeted cancer treatment.

This point was highlighted at a multidisciplinary conference on surgical oncology currently in progress at the Aga Khan University (AKU). The two-day event being attended by experts from 14 countries has been organised in collaboration with the European Society of Surgical Oncology, the American Society of Clinical Oncology and the International Journal of Surgery.

Discussing the impact of new research on cancer treatment, experts stated that molecular analysis of brain tissue was revealing the distinctive `signature` of tumours that were otherwise of a similar type and stage.

`Insights from molecular biology are helping oncologists select the most suitable course of cancer treatment and more accurately predict the response to targeted therapy,` Dr Shahzad Shamim, an associate professor at AKU`s department of surgery, said, adding that this development would ensure optimal treatment for each tumour and a longer, better quality of life for each patient.

Innovations in reconstructive surgery were also discussed during the conference and speakers said that those new trends were helping to restore the function of organs affected by cancer. Techniques such as intra-operative monitoring, it was pointed out, enabled surgeons to stimulate parts of the spine to quickly and painlessly detect areas that could be reconstructed. This meant that the damaged areas of the spine, which were previously deemed too dangerous to operate on, could now be rebuilt, they said.

Similar technological advances in orthopaedic surgery, they stated, would mean that high quality implants could be used to replace bones and joints damaged by cancer, thereby helping preserve essential body functions.

Robot-assisted surgery was another prominent theme which was taken up at the conference and it was said that while use of robots in the operating theatre could enhance the precision of surgeries, the process of learning how to work with technology was typically very demanding in terms of time and difficulty.

`Bringing together experts from around the world will boost our chances of detecting the disease in early stages and deliver more effective treatment for cancer patients, Dr Masood Umer, an associate professor at AKU`s department of surgery and chair of the conference, said, adding that about 148,000 new cases of cancer were reported in Pakistan every year.

The AKU, he said, was currently working with Sick Kids Hospital in Toronto, Canada, to explore how molecular insights could enhance the treatment of complicated cases of brain cancer.

This partnership between Pakistani and Canadian researchers was leading to transfer of knowledge and skills, he noted.

(Dawn 18, 03/02/2018)

Regulating drug laws

The writer is a Howard Hughes Medical Institute professor of biomedical engineering, international health and medicine at Boston University. He tweets @mhzaman



On an afternoon of January 31st in Lahore, dozens of academics, physicians, public health professionals, hospital administrators and even government professionals took the time out to come to the Lahore University of Management Sciences to discuss the sharp cliff of infectious diseases in the country. A cliff, from where every year, we tend to throw the people down, mostly the poor and the vulnerable, into death, doom and financial destruction. Of the topics that were discussed, none were scarier than the growing threat of antibiotic resistance. The situation where the arsenal of our best drugs to control and cure infection is rendered useless. The scenario which in many situations is already playing out in our urban and rural areas, means that routine procedures in surgery that require infection control are becoming challenging. From the birth to post-natal care, from getting treatment for typhoid to controlling the spread of TB, every procedure and treatment is becoming more difficult, more expensive and less likely to succeed.

While the discussion at times was heated, and people expressed frustration with the government and the ill-executed 18th amendment, there was agreement that the best solutions are right in front of us. Whereas there is a whole list of things that can and should be done, there are two straight forward acts, present squarely within the government's mandate, that can save us billions in cost and improve the lives of millions of our citizens.

The first is having a prescription drug law that separates over-the-counter drugs from those that require prescriptions from bonafide doctors. This is urgently needed and well within the scope and mandate of the government. Not a single group of physicians or public health experts would disagree with such a law. We need to protect the drugs, and the people. Similar laws exist around the world to protect citizens and their health. Widespread sale, use and abuse of antibiotics are responsible for our antibiotic resistance apocalypse. People are able to buy any antibiotic of their choice, without any understanding of care or caution. Pharmacists are equally to blame, for they are glad that their sales continue to scale new heights. Unaware public uses antibiotics as an ordinary pain killer, using them with every sneeze and every time someone has a headache. This is putting all of us at risk, and must stop immediately.

The second act is controlling the use of antibiotics for animal growth. Pakistani animal farmers, like their counterparts in other countries, have figured that antibiotics are a powerful growth promoter in animals. Antibiotics help fatten the chicken and the cattle, thereby helping farmers achieve slaughter weight in a much smaller time period, which helps them significantly increase their productivity and requiring less feed. Farmers in Pakistan are using antibiotics with a free hand, with no law to stop them.

This is not a zero sum game. The cost of this is unhealthy animals, widespread use of antibiotics and the resistance that passes from animals to humans. This passing of antibiotics from animals to humans means that even without actually getting a prescription of antibiotics, we are consuming a high dose and that too without our knowledge or consent. This act, once again squarely within the control of the government, is just as essential as the first one on prescription to safeguard our health.

New antibiotics are not coming to the market and there is a broad agreement that without better awareness and better laws, new drugs wouldn't be particularly useful. The real solution will come from control of what we already have. This governance, called antibiotic stewardship, is not just better health policy, it is also better fiscal policy. It will save billions spent in treatment of preventable infections and save the valuable labour and effort lost due to prolonged health challenges of antibiotic resistance.

(By Muhammad Hamid Zaman THE EXPRESS TRIBUNE 06, 06/02/2018)

Drug-resistant typhoid

IN a country that can ill afford the outbreak of another preventable disease, multidrug resistant typhoid has spread in many parts of Karachi and certain districts in Hyderabad. To this effect, a study by the Aga Khan University uncovered over 800 cases of drug-resistant typhoid in Hyderabad between 2016 and 2017 — an alarming development since only six cases of drug-resistant typhoid were reported in Pakistan between 2009 and 2014. Possibly at the cusp of another public health crisis, the Sindh health department, in collaboration with AKU and international donor assistance, has launched a four-month emergency vaccination campaign in Hyderabad's worst-hit areas of Latifabad and Qasimabad. Although typhoid vaccinations are not implemented as routine measure, despite the low price of the vaccine and the high cost of typhoid treatment, vaccination in high-risk areas is a WHO-recommended control strategy. To measure the efficacy of this vaccine, this campaign will vaccinate 250,000 children administering the new Typbar-TCV vaccine. Of concern is the fact that the cases in Hyderabad are the world's first outbreak of typhoid that is resistant to standard antibiotics such as ceftriaxone used as treatment globally. It is shameful that the authorities failed to pay heed to obvious reasons for the prevalence of typhoid in Sindh, including the lack of potable water, unhygienic food, and unsanitary conditions.

To avoid serious social and economic long-term consequences, it is imperative our health authorities invest resources and expertise in disease-prevention strategies. Improved surveillance for drug-resistant bugs should also help public health officials figure out whether or not the typhoid vaccine should become part of the national immunisation programme and what type of antibiotics can treat local typhoid infections. It is because of overuse of antibiotics over decades that there is an urgent need to use frontline drugs wisely by placing strict controls on ad-hoc prescribing, and ensure diagnostic tests are done for such medicines.

(Dawn 08, 13/02/2018)

National Nutrition Survey launched

Has the country made any progress on its dismal indicators relating to the nutritional status of women and children, food security and household water quality over the past six years?

This important question will be answered through a countrywide survey planned by the Ministry of National Health Services, Regulations and Coordination in collaboration with the Aga Khan University (AKU) and Unicef.

This is the second such survey since the 2011 National Nutrition Survey, which presented a bleak picture of Pakistan's status on woman and child health and related areas. One of the key survey findings were: 44 per cent of children were found stunted, too short for their age and more than half of all households were found either hungry or faced threat of hunger.

"Poor nutrition in the crucial early years triggers irreversible mental and physical defects that have a lifelong impact on a child's productivity and immunity against disease and earning capacity as an adult," Dr Atif Habib, assistant professor at AKU's department of paediatrics and child health said at a ceremony held on Monday at the university for the formal launch of the National Nutrition Survey 2018.

'Malnourished mothers are more likely to have underweight children'

According to him, malnutrition also has a vicious, multi-generational impact since malnourished mothers are more likely to have underweight children.

"This survey will analyse Pakistan's progress on a variety of fronts that influence nutrition and will enable us to design targeted interventions to boost the health of our young women and children. It will also highlight barriers to adequate food intake and nutrition-related health status," he said.

The survey would be conducted district-wise to have better insight into the health challenge, he added.

Worst nutritional status

Cristina Brugiolo representing Unicef, Sindh, noted that the survey data would help Pakistan develop evidence-based initiatives to achieve targets under the United Nations Sustainable Development Goals which call on countries to end all forms of malnutrition by 2030 and to address the causes of preventable deaths in newborns and children.

“The scale of the problem (in Pakistan) necessitates the need for regular monitoring as good nutrition lays the foundation for healthy and thriving communities and nations,” she observed.

Citing data on Pakistan’s nutritional status, Professor Iqtidar Ahmad Khan of AKU’s division for women and child health said the country had some of the worst malnutrition rates in South Asia and progress to address social determinants over the last several decades had been very slow.

“The results of 2011 survey were alarming and showed that Pakistan is one of the 10 countries where more than half of the population is affected by malnutrition in the form of both under and overweight.

“One-third of all children are underweight, 44pc are stunted and more than 15pc are wasted, half of them are anaemic and almost one-third of these children have iron-deficiency anaemia.”

On malnutrition among women, he said that the phenomenon was widely prevalent in women of productive age and the 2011 survey also pointed to immense deficiencies of micro-nutrients among women.

Dr Baseer Achakzai, director nutrition wing at the health ministry, said that the 2018 survey would be the largest [such] survey in the country. It would help the government assess how the country’s nutritional indicators had changed following the introduction of provincial nutrition support programmes and some province-led initiatives such as the Benazir Income Support Programme.

Findings from the survey are also expected to shed light on the impact of the 2011 decision to devolve the subject of health from federal to respective provincial governments.

The survey will be conducted in all provinces and regions in all districts of Punjab, Sindh, Khyber Pakhtunkhwa, Balochistan, Islamabad, Federally Administered Tribal Areas (Fata), Azad Jammu and Kashmir and Gilgit-Baltistan.

It will gather information from 115,500 households, with field teams going door-to-door in villages, towns and cities across the country. The data to be collected includes blood and urine samples which will highlight the presence of key minerals for growth and good health; height and weight measurements to detect development delays; and an assessment of the state of household drinking water quality and sanitation facilities which can cause illness and malnutrition.

Field teams will also collect information on household income, gender empowerment, education levels, and breastfeeding practices which are known to have an impact on nutrition indicators.

The Pakistan Bureau of Statistics and the Pakistan Council of Research in Water Resources are also acting as technical partners in the survey, which will complete in 13 months.

Other speakers at the event included Dr Salman Kirmani, chair of the department of paediatrics at AKU, Dr Sher Baz from the health ministry, Dr Iftikhar Mallah from Sindh health department and Dr Naveed Bhutto from Sindh Nutrition Support Programme.

(By Faiza Ilyas Dawn 17, 13/02/2018)

CJP dissatisfied with conditions of public hospitals in Sindh

The Supreme Court (SC) expressed on Saturday its dissatisfaction over the reports submitted by the medical superintendents of different government hospitals regarding conditions of public hospitals in the province.



Chief Justice of Pakistan Mian Saqib Nisar was hearing a suo motu case regarding poor conditions of government hospitals in Sindh at the SC's Karachi Registry.

Also comprising justices Faisal Arab and Sajjad Ali Shah, the bench remarked that it had learnt that Health Secretary Fazlullah Pechuho had retained the entire budget allocated for the department.

Justice Nisar told Pechuho that the reports being received from the medical superintendents regarding conditions at the public hospitals were not satisfactory and asked him when these conditions will be improved. The secretary said he had given the hospitals' managements a deadline by which they had to improve the conditions of their institutions, assuring that this would be completed.

To the court's query, Pechuho said public hospitals were being provided funds. However, he replied in the negative when asked whether the funds had been centralised.

Judiciary is paralysed due to govt, says CJP

The CJP also found a report regarding availability of teaching facilities at Jinnah Medical and Dental College dissatisfactory and issued notices to its management to furnish an explanation in this regard.

He inquired why the proformas of medical colleges had not yet been completed and directed the health secretary to ensure it was done within three days.

Pechuho promised to do so, adding that he would inspect Sir Syed Medical College to check the availability of the required facilities and submit his report at the earliest.

The CJP also inquired from Jinnah Postgraduate Medical Centre (JPMC) Executive Director Dr Seemin Jamali about rising complaints regarding theft of medicines from the hospital and their sale in the market. Jamali explained that JPMC was facing administrative issues due to devolution of the federal health facility to the province after the 18th Amendment, which had appealed against nullification of the devolution. She said fresh appointments could not be made due to the litigation, which had been pending at the SC for a long time.

She added that only four professors were available, against the sanctioned strength of 28.

The CJP told her to submit her personal affidavit on whether all the required facilities were available at the hospital.

Justice Nisar remarked that he had learnt that the health secretary, a brother-in-law of former president and Pakistan Peoples Party Co-chairperson Asif Ali Zardari, was a very influential person. "If your dears are not giving you your rights, we will get it for you," the top judge told the secretary.

CJP takes a break on suo motu action

The CJP said he wanted all machines to be available and tests conducted at every government hospital.

(The Express Tribune , 17/02/2018)

Follow your heart to NICVD's Chest Pain Units

Chest pain could be caused by something as simple as heartburn but could also be indicative of serious issues like angina or a heart attack. The National Institute of



Cardiovascular Diseases (NICVD) is the biggest public sector cardiac health facility in the city, but its location amid major health facilities like Jinnah Postgraduate Medical Centre and the National Institute of Child Health could be an impediment to timely cardiac attention. Besides, given the territorial size of the city to bring a suspected cardiac patient to NICVD becomes a herculean task in terms of time and distance.

To resolve this issue, NICVD has set up chest pain units in various locations of the city. Five state-of-the-art mobile facilities in Karachi help in the early diagnosis of cardiac complications free of charge.

This has reduced the burden on the mother institution as patients, instead of flocking to the NICVD building, are visiting its mobile units. In case of a severe or complicated cardiac problem, they are referred to the main facility, otherwise they receive treatment at the mobile units. The facilities are located under the KPT flyover, in Malir, Gulshan-e-Iqbal, Gulbai and Nagan Chowrangi.

A huge blessing

Kamal Ahmed, a middle-aged cardiac patient who lives in North Karachi, visits the unit situated under the KPT Interchange near Qayyumabad Chowrangi while returning from his office in Korangi.

"I usually get my ECG [electrocardiography] done from here whenever I feel any pain in my chest," Ahmed said while sitting at the facility. He does not go to the main NICVD because, according to him, the main facility should be spared for those who require emergency medical intervention.

CM wants NICVD upgraded to world class institute

Meanwhile, another man, Junaid Akhtar, a 62-year-old resident of Akhtar Colony, arrived at the facility with complaints of chest pains and a faster than normal heartbeat. Paramedics took him inside a room designated for tests and conducted his ECG. The ECG report was later presented to a female doctor who advised Akhtar to visit the outpatient department (OPD) at NICVD's main facility. He was also counseled regarding which medicines to take in the meantime and what food to avoid.

Shift incharge of the unit Dr Kubbra told *The Express Tribune* that any patient who arrives at the facility is first identified as a cardiac or non-cardiac patient through an ECG. If it is found that the patient does not have any cardiac problem, they are advised to visit Jinnah hospital as the mobile unit only caters to patients who have heart-related issues, she said.

"Patients in critical conditions are referred to the NICVD, whereas patients with other complications are referred to Jinnah hospital after counseling. We also call Aman or Edhi Foundation ambulances to transport patients," she explained.

The facility has cardiac medicines that are mandatory for first aid, Dr Kubbra said. Other facilities at the unit include oxygen supply for first aid, a small washroom for staff and patients and a small room with all the latest equipment needed for the diagnosis of cardiac complications in a fully air-conditioned environment.

"If we refer patients to the mother institute, we treat them so that their condition does not exacerbate before they reach the NICVD," she maintained. The shift incharge at the facility added that the unit is also visited by patients with non-cardiac complications like epigastric pain or fever. In such cases, patients are counseled to go to Jinnah hospital or other health facilities depending on the severity of their cases.

According to paramedic Zahida Parveen, who records the data of incoming patients, up to 40 patients visit the facility every day. She added that most complaints reported or diagnosed are of either myocardial infarction, commonly called heart attacks, or pulmonary edema.

The facility deals with a single patient at a time. However, it can cater up to more than 100 patients daily, Parveen said.

She recalled a patient who visited the facility while having a heart attack. According to her, he was travelling alone on a motorcycle near the unit when he suffered a heart attack. The facility provided him first aid after which he was referred to the NICVD on an emergency basis, an act that probably saved his life.

The facility works in three shifts throughout the day. Each shift has a doctor, two paramedical staff, one housekeeping staff and a security guard.



at his unit.

The incharge of the NICVD mobile unit beneath the Gulbai flyover, Dr Ateeq Gul, said that all kinds of cardiac emergencies, including heart failure, heart attacks and supraventricular tachycardia (abnormally fast heartbeat), are dealt with every day

at his unit. According to him, 50 to 60 patients from the Gulbai area and its peripheries visit the unit every day. “[In case of emergency], we provide first aid and conduct diagnostic tests on patients straight away, which increases chances of recovery,” he said.

“These units have also served as a platform to disseminate awareness about chest pains among the residents living nearby,” Dr Gul added.

Director’s vision

As many as 25,000 patients have visited the mobile facilities since their launch in July last year, NICVD Director Prof Dr Nadeem Qamar told *The Express Tribune*. The director added that after the success of the mobile chest units, the institute has decided to raise their number in Karachi to 25 this year.

Provision of health facilities govt’s top priority: minister

Prof Qamar also said that besides the five mobile facilities, the NICVD is also running a clinic on II Chundrigar Road to provide emergency first aid services to cardiac patients.

Of all the patients who visited the mobile units, 1,500 were diagnosed with heart attacks and they were immediately transferred to the main NICVD for angioplasties after giving them necessary first aid, Dr Qamar said. For heart patients, time is of the essence and if we lose the initial time, there are chances that the patients’ condition will become critical, he explained.



Terming traffic congestion a menace for residents of the city, Dr Qamar said the mobile units were a great help as cardiac patients living nearby them were saved from travelling long distances and getting stuck in traffic jams to reach the main facility.

According to the director, around 11,000 patients who visited the mobile units had no cardiac issues and actually suffered simple chest or gastric pain, which they mistook for cardiac pain. “If all these patients had flocked to the NICVD, it would have created an unnecessary rush in the main emergency ward of the institute. The mobile units have helped reduce the flow of patients at the main facility,” he said.

Serving outside Karachi

A satellite centre of the NICVD has also been functioning in Larkana since May last year.

The 77th Governing Body Meeting of the NICVD, which was held on January 22, 2018, was told that up till then, 704 patients had benefitted from the satellite centre. The centre had also performed 91 angiographies and a weekly paediatric OPD was also being held at the centre.

Chief Minister Murad Ali Shah, who attended the meeting, pledged to provide funds for the completion of the remaining construction work at the satellite centre in Larkana.

The meeting was also informed about the NICVD satellite centres in Tando Muhammad Khan and Hyderabad, which have been functioning since October and November last year respectively.

Sindh excels in public health domain, says Bilawal

Dr Qamar briefed the meeting that till then, 303 patients had received treatment at the centre in Tando Muhammad Khan. As many as 80 angiographies had been performed at the centre, which had also been providing echocardiography facilities.

Regarding the NICVD centre in Hyderabad, Dr Qamar said it had been providing treatment to cardiac patients and 88 angiographies had been performed at the centre till then.

The CM and board members appreciated the NICVD's services and allowed the institute to fill its vacant positions of specialists and other staff at the meeting. "This is proving to be the best, free-of-cost and approachable service for poor and helpless patients," the CM remarked. He also directed Dr Qamar to set up 40 more units in rural areas of the province.

Health Minister Dr Sikandar Mandhro, Deputy Sindh Assembly Speaker Shehla Raza, MPA Dr Sohrab Sarki, Principal Secretary to CM Sohail Rajput, Health Secretary Dr Fazlullah Pechuho, Jinnah Postgraduate Medical Centre Executive Director Dr Seemin Jamali and others attended the meeting. (By Mudaser Kazi THE EXPRESS TRIBUNE 19/02/2018)

FIR lodged against school management for 'attacking' polio team

Authorities on Tuesday sealed an "unregistered school" after its administration "attacked" a polio vaccination team while denying immunisation to its students, officials said.

They said the four-member team visited the Al-Badar School in Nazimabad No. 4 for regular vaccination of children. However, the administration first denied them entry and then misbehaved when the volunteers insisted.

"The situation led to a heated debate between the two sides," said SSP Central Irfan Baloch. "It didn't end here. The vaccination team then approached the commissioner office with a complaint. Assistant Commissioner Sheikh Rafiq along with police then accompanied the team and visited the school. The situation turned ugly when a member of the school administration physically resisted the officials and in the process also damaged the official car of the assistant commissioner."

Institution was not registered with authorities

The police then intervened and took a couple of administration staff into custody. The team administered vaccine to the children, he said, adding that the Gulbahar police also registered a case against the school management and sealed it on the orders of the deputy commissioner, Central.

"An FIR was later lodged under Sections 147 and 148 of the Pakistan Penal Code that related to violence and challenging writ of the state and 186 that defines obstructing public servant in discharge of public functions against the school officials on a complaint of the health worker Mohammad Raees. One of the school staff members was later arrested. It later emerged that the school was not even registered and being operated for last several years without meeting any legal formality," added the SSP.

Two carjackers held

The Anti-Car Lifting Cell (ACLC) has arrested two suspects in Sohrab Goth for their alleged involvement in several cases of street crimes and carjacking.

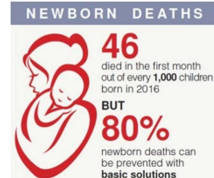
"The accused have been identified as Raza Iqbal and Ehsan Saeed," said ACLC SSP Asad Raza. "They are nominated in cases registered at Gulistan-i-Jauhar and Yousuf Plaza police stations. The suspects had also deprived a police official of his valuables and car outside an ATM at gunpoint last month. The police have also recovered the snatched car of the policeman and two pistols from them."

Also on Tuesday, police claimed to have arrested a suspect militant belonging to the outlawed Sipah-i-Sahaba Pakistan.

SSP West Omar Shahid Hamid said that acting on a tip-off, a targeted operation was carried out that led to the arrest of Kashif alias Kallu.
(Dawn 17, 21/02/2018)

Unicef says Pakistan is riskiest country for newborns

Pakistan is the riskiest place to be born in in the world as measured by its newborn mortality rate. For every 1,000 babies born in Pakistan in 2016, 46 died before the end of their first month, a staggering 1 in 22, says a Unicef report released on Tuesday.



Titled *Every child alive*, the report highlights the urgent need to end newborn deaths, the report once again highlights the lack of countries' progress in saving the lives of newborn babies — those aged less than one month.

According to the report, while newborn mortality rates have fallen in recent decades, they still lag behind the impressive gains made for children one month to five years old. Between 1990 and 2016, the mortality rate in this age group dropped by 62 per cent — almost two thirds.

In contrast, the newborn mortality rate declined by only 49pc. As a result, newborn deaths now account for a greater, and growing, share of all deaths among children below the age of five years.

Report highlights lack of progress by countries in saving the life of those aged less than one month

“Every year, 2.6 million babies die before turning one month old. One million of them take their first and last breaths on the day they are born. Another 2.6 million are stillborn. Each of these deaths is a tragedy, especially because the vast majority are preventable.

“More than 80 per cent of newborn deaths are the result of premature birth, complications during labour and delivery and infections such as sepsis, meningitis and pneumonia. Similar causes, particularly complications during labour, account for a large share of stillbirths,” the report says.

On the reasons behind high newborn mortality rate, the report says that this is partly because newborn deaths are difficult to address with a single drug or intervention and they require a system-wide approach. It is also due to a lack of momentum and global commitment to newborn survival.

It also highlights that the risk of dying as a newborn varies enormously depending on where a baby is born and newborn survival is closely linked to a country's income level.

“High-income countries have an average newborn mortality rate (the number of deaths per thousand live births) of just three. In comparison, low-income countries have a newborn mortality rate of 27. This gap is significant: If every country brought its newborn mortality rate down to the high-income average, or below, by 2030, 16 million newborn lives could be saved,” it says.

Of the 10 countries with the highest newborn mortality rates, eight are in sub-Saharan Africa and two in South Asia.

The 10 countries which reported the highest number of newborn deaths in 2016 are: India, Pakistan, Nigeria, Democratic Republic of the Congo, Ethiopia, China, Indonesia, Bangladesh, Tanzania and Afghanistan.

At the other end of the spectrum, Japan, Iceland and Singapore are the three safest countries in which to be born, as measured by their newborn mortality rates. In these countries, only one in 1,000 babies dies during the first 28 days. A baby born in Pakistan is almost 50 times more likely to die during his or her first month than a baby born in one of these three countries.

But a country's income level explains only part of the story, the report says. In Kuwait and the United States of America, both high-income countries, the newborn mortality rate is four.

"This is only slightly better than lower-middle-income countries such as Sri Lanka and Ukraine, where the newborn mortality rate is five. Rwanda, a low-income country, has more than halved its newborn mortality rate in recent decades, reducing it from 41 in 1990 to 17 in 2016, which puts the country well ahead of upper-middle-income countries like the Dominican Republic, where the newborn mortality rate is 21," the report says.

Millions of young lives, the report says, could be saved every year if mothers and babies had access to affordable, quality health care, good nutrition and clean water.
(By Faiza Ilyas Dawn 01, 21/02/2018)

No place for newborns

UNICEF'S latest report, identifying Pakistan as the riskiest place for newborns, is a heartbreaking indictment of this country's indifference to our most defenceless citizens.

One in 22 Pakistani babies will not survive her first month — ie 46 out of every 1,000 will perish before even having had a chance at life.

There are many tragic, senseless ways to die in this country — and a long litany of dismal health trends — but this one fact alone is a shock to the system.

There is no cold comfort to be had here; no amount of boasting about economic development or military prowess that can sweep this ignominy under the rug.

For, as the report highlights, although newborn survival is closely linked to a country's income level, wealth inequality and wide variations in access to and quality of healthcare are also significant contributing factors.

This explains why Pakistan, with a much higher per capita income than the Central African Republic and Afghanistan, has a newborn mortality rate comparable with the runners-up.

Nor is it a coincidence that the 10 worst countries for newborns are conflict-ridden, and have weak institutions and a poor record of gender parity.

The report, released in conjunction with the launch of Unicef's Every Child Alive campaign, outlines a road map for turning this tide.

Given that over 80pc of deaths among newborns result from conditions and illnesses that are preventable or treatable, the first, most obvious step is to guarantee quality health facilities and skilled workers within reach of every woman and child.

Access is not enough; although the proportion of Pakistani mothers who gave birth in a health facility or with a skilled attendant more than doubled between 2001-2013, the newborn mortality rate fell by less than a quarter.

This is largely due to a healthcare industry with minimal oversight and poor quality of care, as well as a dysfunctional drug regulatory authority and shortages of lifesaving medicines.

Commitment to providing functional, equipped and staffed health services must be prioritised, but it cannot end there —we must be accountable to women.

Consider the frequency of reports of mothers seeking treatment only to be forced to give birth just outside a hospital.

As the primary stakeholders in this venture, women must be empowered to exercise their rights and demand quality care, offered with respect.

We are responsible for ensuring this, and the life of every child born on our soil.
(Dawn 08, 23/02/2018)

Marriages within families, clans termed major cause of genetic disorders

Marriages among cousins and within clans are one of the major causes of genetic disorders in the country.

Indus Hospital, Karachi Paediatrics Head Dr Muhammad Fareeduddin said this at a press conference on Wednesday. The press conference was held to mark Rare Disease Day and create awareness about rare diseases, which also include genetic disorders.

“A major reason for inherited disorders are inter-family marriages,” said Dr Fareeduddin. The paediatrician added that genetic disorders cause abnormalities in how cells in our bodies work, resulting in various clinical symptoms.

More than 350 genetic disorders have been diagnosed in Pakistan so far, he explained. He added that, however, only 10% of such disorders were able to be treated in the country. Naming some genetic disorders, Dr Fareeduddin said that four patients of Gaucher disease and one of Pompe disease were treated at Indus Hospital. Another patient of Pompe disease was being treated at the National Institute of Child Health, he said.

Anti-polio efforts to centre on ‘transmission hub’ Peshawar

Referring to another genetic disorder, MPS I, the paediatrician said no cases of that disorder had been reported in Karachi.

Dr Fareeduddin stressed the need to create awareness about clinical conditions that are the result of genetic disorders. He urged all couples to be genetically tested before marriage.

A few of the most common genetic disorders are treatable and their patients are able to lead normal lives if they are diagnosed and treated on time, Dr Fareeduddin said. However, he maintained that the treatment of such diseases was very expensive.

The paediatrician informed the media that at present, such disorders were being treated through projects under public-private partnership. He urged the government to take initiative so that patients suffering from genetic disorders could get affordable treatment.

Representing biotechnology company Sanofi Genzyme, Dr Saba Abbasi said the company was providing a facility for the diagnosis of genetic disorders free of charge in Pakistan.

(By Our Correspondent The Express Tribune, 04 , 01/03/2018)

Sindh lacks mechanism to control sale of fake medicines, PA told

The Sindh legislature was told on Wednesday that the province was seriously deficient in the mechanism that could help the provincial government control the sale of fake medicines.

Health Minister Dr Sikandar Mandhro stated during the assembly session’s Question Hour that the health ministry was lacking the required number of drug inspectors to cover the entire province.

Lawmaker Naila Munir had asked about some 14 posts of drug inspectors lying vacant for want of recruitment for which requisition had been sent to the Sindh Public Service Commission Hyderabad.

“As a stopgap arrangement and in order to keep continuous vigilant eye on sale of spurious or substandard medicines the charges of vacant posts have been assigned to drug inspectors working in adjacent districts,” said the minister.

Not enough drug inspectors in province, says minister

He added that the Drug Testing Laboratory Sindh (DTLS) had been shifted to a newly-constructed building situated in Old I&I Depot Karachi and huge budget for analytical machines, equipment and chemicals etc had been allocated or granted to the DTLS.

“Soon, the laboratory will be able to analyse more samples with greater accuracy and precision and declare the results accordingly, which is a mandatory requirement for filing the case against a culprit,” said Dr Mandhro.

He added eventually, it would help curb the menace of fake and substandard medicines.

“This is the domain of the Provincial Quality Control Board (PQCB) Sindh to examine the cases of confiscation of drugs and other related issues and decide for lodging FIRs, filing in the court of law etc.”

However, he said, the PQCB had been practically non-functional due to non-posting of its secretary. The officer had been posted now and was conducting meetings on regular basis, “which will also help to control the sale of fake medicines”. The health minister further informed the house that in addition to that some 28 cases of seizure of spurious or substandard or unregistered drugs had been registered from January to October 2017.

“Against such cases 15 FIRs have been lodged, 72 prosecutions are in the court of law, while a fine of Rs1.5 million was imposed during the stated period.”

Replying to another question asked by Khurram Sher Zaman, Dr Mandhro said the health ministry had plans to improve governance and management of all public healthcare facilities across the province.

He said the ministry had successfully developed management information system (MIS) of the priority programmes pertaining to maternal, neonatal and child healthcare; tuberculosis control, malaria control, National Programme for Family Planning and Primary Healthcare; and District Health Information System (DHIS), which was helping in monitoring the performance of those programmes for taking timely action and corrective measures.

Besides, he added, the mechanism for the programmes on hepatitis, HIV-AIDS and dengue was under process to bring them online.

“To get further improvement in governance, the health ministry has contracted out its various health facilities under the public-private partnership (PPP) mode. For provision of better ambulance services the districts of Thatta and Sujawal have also been contracted out under the PPP mode.”

Hepatitis C patients

To a question asked by Naila Munir, Dr Mandhro said a total of 32,382 patients of hepatitis C were documented from June 2014 to June 2015. Most of them (6,422) belonged to Karachi division, followed by Khairpur (2,542), Hyderabad (2,467) and Ghotki (2,449). Some 2,222 patients hailed from Sanghar and 2,121 patients belonged to Larkana district.

Tharparkar district registered the least number of patients (114) followed by the neighbouring district of Umerkot (324) and Matiari (374).

To a question asked by Rana Ansar, the minister said a dozen new hospitals were established in Karachi and a number of others in other districts of Sindh during 2014-15 fiscal.

He said in Karachi the Children's Hospital was established at the cost of Rs577m under revenue component in SIUT, basic health units at Shah Faisal Colony and Korangi at the cost of Rs30m and Shaheed Benazir Bhutto Rehabilitation Centre for burns and rape victims in Old Thana, Malir.

Moreover, he added, development schemes for establishment of various hospitals stood continued during 2014-15 as well as up till now.

They included establishment of 400-bedded hospital at Nipa Chowrangi, Shaheed Benazir Bhutto Medical Complex at Bin Qasim, 200-bedded hospital at Mominabad, 100-bedded hospital at PIB Colony, Benazir Bhutto 100-bedded hospital Jungle Shah Keamari, Cardiac Emergency Centre at Baldia, 50-bedded hospital at Gulistan-i-Jauhar and FB Area and Accident Emergency or Trauma and Cardiac Emergency Centre at New Karachi.

A basic health unit at Phulji in Benazirabad, a BHU at Mureed Shaikh village in Ghotki, two rural health centres and as many dispensaries in Badin district were established during the same period. Besides, the Jacobabad Institute of Medical Science was established at the cost of Rs478.265m while a mother and child health centre was established at Bahadurpur village in Jacobabad costing Rs60m.

To questions asked by Khairunnisa Mughal vis-à-vis the health facilities in Mirpurkhas district, the minister said a nursery for pre-term babies was functioning at the Mirpurkhas Civil Hospital.

He also gave details about the number of doctors working at the same hospital, conceding that there was a deficiency of doctors in all the district hospitals of the province.

However, he added, with the fresh recruitment of 5,000 doctors and 400 specialists, most hospitals were being offered to fill the longstanding vacant seats.

"This will certainly improve our health delivery system," he said.
(By Hasan Mansoor Dawn 17, 01/03/2018)

SIUT inaugurates new operation theatre

The Bashir Dawood state-of-the-art operation and transplant centre at the Sindh Institute of Urology and Transplantation (SIUT) was inaugurated on Friday. This is the first operation theatre of its kind in the country.



SIUT head Prof Dr Adibul Hasan Rizvi addressed the opening ceremony of the Bashir Dawood operation theatre complex, where he said he was proud that the centre was inaugurated. He said that Suleiman Dawood, Bashir's father, was his friend and that friendship translated into aid for the hospital. Dr Rizvi explained how their friendship came about.

According to Dr Rizvi, Suleiman had come to him for treatment and was surprised when he was not charged a fee. The SIUT founder said it feels good to waive medical fees for even those patients who could afford it. The incident impacted Suleiman's life and he later donated funds to construct a dialysis centre and operation theatre. SIUT has 35 modern dialysis machines that are used to treat patients year round free of charge.

Sindh excels in public health domain, says Bilawal

Dr Rizvi stated that even if someone cannot afford treatment, they still have the right to live. He said that around 10,000 children also undergo dialysis at the institute every year.

SIUT is the largest dialysis centre in south east Asia and around 325,000 dialyses are performed at it every year. Dr Rizvi told participants that Bashir always helped improve the hospital.

He also assisted in establishing an oncology centre at the hospital, which is why the centre is named Hanifa Oncology Centre, after his mother. Dr Rizvi said that everything, from radiology to dialysis, is provided free of charge. He said SIUT also offers brachytherapy, which is a technique that only the Shaukat Khanum Hospital and SIUT offer in Pakistan.

Renal transplants are also carried out successfully at the hospital. After the inauguration of the operation theatre, the number of operation theatres at the SIUT has increased to 24.

The ceremony was also addressed by the institute's vice-chairperson, Zubeida Mustafa. She thanked Dr Rizvi and said that the SIUT is a modern institute that provides advanced treatment free-of-charge. She said the hospital owes its progress to the efforts of Dr Rizvi and its donors.

Many other health experts also participated in the opening ceremony.
(By Fasahat Fatima The Express Tribune, 05, 03/03/2018)

‘Chronic kidney disease more likely to develop in women’

Marking World Kidney Day, the Sindh Institute of Urology and Transplantation (SIUT) organised a daylong event mainly featuring public awareness on its main premises in the city.

Officials said similar events were held at the SIUT primary healthcare centre camp in Darsano Chhanno's Imdad Jokhio Village in Kathore and Chhablani Medical Centre Sukkur.

The organisers informed the visitors that World Kidney Day was an international annual event celebrated across the globe for creating mass awareness of the diagnosis, treatment options and more importantly prevention of kidney diseases. "This year's theme is kidneys and women's health," said an expert.

They said according to figures and statistics provided by the International Society for Nephrology (ISN) and the International Federation of Kidney Foundation (IFKF), chronic diseases of the kidney were the eighth commonest causes of death in women in the world. These causes, they added, were causing more than 600,000 deaths per year and approximately 195 million women were affected by it worldwide.

Experts said chronic kidney disease (CKD) was more likely to develop in women compared to men with an average 14 per cent prevalence in women and 12pc in men.

"The prevalence of CKD is rising and may affect approximately three million women," said an expert.
(Dawn 18, 09/03/2018)

Woman posing as doctor in Jinnah hospital sent to jail

A woman, who was allegedly posing as a lady doctor at Jinnah Postgraduate Medical Centre (JPMC), was sent on Tuesday to jail by a court.

Police had arrested her on Monday after a doctor serving at the JPMC gynaecology ward identified her as a fake doctor.

Speaking to *The Express Tribune*, one of the female doctors serving at the gynaecology ward said a seemingly fake doctor was seen wandering near the emergency of the gynecology ward on Monday evening. When approached and questioned by a resident doctor, she was not able to support her claim that she was a gynaecologist.

Later, when the security staff was called, her responses made her more suspicious as she claimed that she was a doctor working in the morning shift. Shortly after that she backtracked from her statement and said she was a lady health worker.

JPMC now an emergency medicine accredited institute

According to the doctor, the woman posing as a doctor was seen in the ward multiple times along with patients. However, she rejected the allegations that she entered the operation theatre or labour room as only designated doctors or staff could enter such rooms.

JPMC Executive Director Seemin Jamali said the woman, identified as 40-year-old Ayesha, was handed over to the police. A frog dissection kit, stethoscope and three mobile phones were found in the possession of the suspect who was wearing a white coat like doctors.

During investigations, Ayesha told the police that she went to JPMC because she wanted to learn about the field of gynaecology. She is a resident of the Korangi area and has received education till high school. She claimed that she had been visiting JPMC on and off for one year to deliver her services in the gynaecological ward.

An FIR was registered against the woman under Sections 419 and 170 of the Pakistan Penal Code. "We tried to obtain her remand to ascertain whether she is part of a fake doctors' gang but the judge has sent her to jail," said SHO Syeda Ghazala.

(By Mudaser Kazi The Express Tribune, 05, 14/03/2018)

Justice Muslim wants health dept's top hierarchy removed

The judicial commission on water and sanitation's head, Justice (ret'd) Amir Hani Muslim, has submitted his first report in the apex court, outlining a plethora of problems and remedial measures. After replacing the Sindh High Court's Justice Muhammad Iqbal Kalhoro, Justice (ret'd) Muslim embarked on extensive visits from January 21, inspecting projects under his jurisdiction in each district of Sindh between one and five times.

The commission has proposed removal of the top bureaucracy from the Sindh health department. "It could be made out of the observations that the problem of clean drinking water is multi-faceted and very complex. Years of neglect have taken the issue to such a primary stage where from the whole new edifice needs to be raised."

Water filtration

According to the 21-page report, the government is applying six types of water filtration methods but an overwhelming number of plants are either inoperative or redundant. The methods include simple sedimentation in rural water supply schemes, slow sand filter plants installed at over a dozen places, rapid sand filter plants in a few districts, an ultrafiltration plant in Nawabshah and reverse osmosis plants. Only Karachi and Hyderabad have mechanised filter plants.

"The filter plants in Karachi and Hyderabad are not purifying water within the acceptable parameters," the report observed. "The distribution system in Karachi is seedy and run-down. If at all a plant cleans water to a certain degree, the distribution system ensures that it reverts back to the same, if not worse, state [due to contamination in the supply system]."

Judicial commission orders removal of K-IV project director

The Sindh government has installed more than 2,000 RO plants, which have been installed by different departments, including the local government, public health engineering, irrigation, energy and special initiatives departments. The judge noted the absence of a uniform system of feasibility, design, execution and operation at the RO plants. "With such disorderly and unsystematic handling ... and no single authority responsible, no wonder the whole subject of RO plants is virtually directionless."

The commission found the sedimentation plants dysfunctional. "The plant designs were mostly faulty and the process of chlorination, coagulation and flocculation (alum dosing) weren't being applied [in rural areas]." It noted that there are certain places where, while no other work for rehabilitation of plants

has been done, solar panels and batteries have been installed, which is otherwise the last component of a project.

The slow sand filter plants also had design faults and were found non-functional during the visits. "The commission could not find a single scheme [equipped] with proper coagulation and flocculation chambers." The commission stated that the situation merited questions as to who sanctioned such defective schemes and why technical experts in the planning and development department never took notice of the flaws.

The rapid sand filtration plants were also defunct except in Umerkot district. "This kind of plant is somewhat too complicated for the local councils to maintain and operate," the judge observed.

Judicial commission irked by 'humiliation' of judicial magistrates

Sewage

To its dismay, the commission noticed only one sewage treatment plant working in the entire province. The judge observed that most of the schemes are designed on the conventional settlement and oxidation mechanisms. "There is no sewage treatment system in the whole province."

The commission noted that discharge of untreated sewage in fresh water bodies at around 750 locations in Sindh continued unabated. "This multiplies the problem when seen in conjunction with non-functional water supply schemes. Treating irrigation canals as garbage dumping stations is also a common sight."

The report stated that tens of thousands of households, shops and cattle pens are illegally built on the banks irrigation canals, polluting the waterways. The same practice was seen in industrial zones, which release effluent in the canals. Justice (ret'd) Muslim observed that the local councils lack the system to transport municipal solid waste to the landfill sites. "The Sindh Environmental Protection Agency is in fact a disabled and weak organisation barely able to make its presence effectively felt."

Health

The report also highlighted the health department's practice of outsourcing civil works and procurement of equipment to consultants.

With regard to complaints about shortage of free medicine, the commission noted that it is a disturbing fact that, reportedly, the composition of the medicines procurement committee has been changed by Health Secretary Dr Fazlullah Pechuho. Earlier, the committee was headed by academicians but through a notification on August 11, 2017, Additional Health Secretary Rehan Baloch was made its chairperson.

Judicial commission orders inspection of 77 factories in Sindh

Complaints began to pour in after the new committee began working. The medical superintendents of different hospitals, district health officers and taluka health officers informed the commission about the issues they were now confronted by in procuring medicines.

The judge noted that Baloch is facing inquiries of the National Accountability Bureau and that there were serious charges against him when he served as additional secretary of education when Dr Pechuho headed the department as its secretary.

"The commission is of the considered view that no improvement can be brought in the health department unless officers at the top level are replaced. With the current bureaucratic leadership lacking the sense of responsibility and vigor no satisfactory change could be made."

Institutional interventions

The commission has assigned operation and maintenance of all RO Plants in Sindh to the public health engineering department. "All the schemes that are being operated and maintained by different local

councils and agencies except in Karachi and Hyderabad shall stand devolved to [the department]. All new schemes that the department is executing shall also be operated and maintained by it.”

In view of resolving the issues of human resources, corruption and ineptitude, the commission has ordered all officers and engineers facing serious disciplinary or corruption charges to report to the department. “They would no more be holding important assignment of executing schemes.” The department will fill the posts of assistant executive engineers (BS-17) through the Sindh Public Service Commission exams and recruitment of sub-engineers will be done through the National Testing Service.

Judicial commission rejects task force’s report on water, sanitation Infrastructure interventions

The commission assessed the Annual Development Programme for 2017-18 to channel funds into schemes that can deliver results sooner than the originally conceived time period.

Under Justice (retd) Muslim’s directives, a PC-I has been approved for a project titled ‘elimination of urban sewage discharge in irrigation canals and lakes in Sindh’ with a Rs3.59 billion budget. The scheme envisages plugging 181 points where untreated water is currently being allowed to flow into fresh water sources. A feasibility report has been prepared for rehabilitation of 33 non-functional filtration plants at a cost of Rs508.47 million.

Meanwhile, the public health engineering department is currently spending Rs6 billion on rehabilitation of 85 water supply and 134 drainage schemes as well as on the establishment of water testing labs in each district. Another 328 water supply and 211 drainage schemes are under consideration for rehabilitation at the cost of Rs4.59 billion. For phase II of the rehabilitation, Chief Minister Murad Ali Shah has approved a summary with a Rs5.18 billion budget for 146 water supply and 268 drainage schemes.

For water filter plants in Karachi at Gharo, COD, Pipri and NEK old, the Sindh government has committed funding of Rs1.05 billion. The Karachi Water and Sewerage Board has submitted a work plan to complete the rehabilitation by June, 2020.

With intervention of the commission, the federal government has agreed to release Rs3.18 billion from the current fiscal allocation for the K-IV project, which will be completed by June, 2019, to provide an additional 260 million gallons of water per day to Karachi from the Indus River. The Sindh government has already released its share. The work on the 65MGD water supply scheme to bring water from Haleji to Pipri has been expedited. This scheme worth Rs980 million will be completed by December, 2018.

Water, sanitation given due attention in budget

As for the sewage treatment plants in Karachi, the construction of Treatment Plant-I at Haroonabad and Treatment Plant-III at Mauripur will be completed by December and June, 2018 respectively. On the commission’s intervention, the Executive Committee of the National Economic Council has approved construction of a new sewerage plant namely TP-IV for Malir Basin. “Activation of these two plants will substantially mitigate the sewerage issues of Karachi,” the report expressed the hope. The KWSB has so far rehabilitated 155 pumping stations on the commission’s directives.

In Hyderabad for the rehabilitation of a 30MGD filtration plant at Jamshoro, 8MGD at Hala Naka and 8MGD at Paretabad as well as the northern, southern and western treatment plants, Rs750 million has been approved. Hyderabad’s water supply lines will also be overhauled with an allocation of Rs200 million.

The study on hydrants in Karachi to ascertain which areas genuinely require them is under way while examination of the newly introduced regulations for hydrants is almost done. The regulations will end the illegal water tanker business.

(By Z Ali The Express Tribune, 04/ 17/03/2018)

Unbranded food colours carry high concentration of metals: study

Samples of unbranded food colours collected from various parts of the city have been found to have high concentration of heavy metals, a study conducted recently said.



Titled Assessment of heavy metals in locally available unbranded food colours available in the vicinity of Karachi, the study was conducted by Dr Aamir Alamgir Khan, Sundus Fatima and Nimra Ayub under the supervision of Prof Moazzam Ali Khan at Karachi University's Institute of Environmental Studies.

Under the study, 48 locally available unbranded samples of food colours (green, red, orange, purple, yellow and maroon) were collected from Malir, Shah Faisal Colony, PIB Colony, Gulshan-i-Iqbal, Saddar, Surjani Town, Nazimabad, Federal B Area, Quaidabad and Sohrab Goth.

These samples were tested to check the level of nickel, cadmium, arsenic, chromium and lead.

'Children at high risk of poisoning if they consume them regularly'

"During sample collection, we saw that these food colours are not only purchased by the general public for use in traditional dishes, they are also used by local street vendors for preparing drinks, candies, sweets, gola ganda as well as dairy products," Dr Aamir Alamgir at the IES told Dawn.

People of Karachi especially children were at a high risk of metal poisoning, if they consumed these types of products on regular basis, he added.

According to Dr Khan, food colours are either produced naturally or derived synthetically and undergo assessment, like other food additives, in developed countries.

The case of Pakistan is, however, different where there is little regulation on food manufacturers.

"There are no national guidelines on food colour. Internationally, however, the Joint FAO/WHO Expert Committee on Food Additives (JECFA) is responsible for evaluating the safety of food additives," he said.

The WHO, he said, encouraged national authorities to monitor and ensure that food additives in food and drinks produced in their countries comply with permitted uses, conditions and legislation.

According to the general FAO/WHO guideline, the maximum allowable limit for lead in food products is 0.1ppm, 0.2ppm for nickel, 0.1ppm for arsenic and 0.1ppm for cadmium.

There are no guidelines available for chromium in food.

Findings

The analysis showed that nickel concentration in samples ranged between 1.42ppm and 4.77ppm (parts-per million) whereas cadmium concentration ranged between 0.16ppm and 1.81ppm.

Most samples had arsenic traces below detectable limits. The maximum level of arsenic was observed in maroon colour (0.153ppm), collected from Federal B Area.

The highest concentration of nickel (4.77ppm) and cadmium (1.81ppm) was found in orange samples collected from Liaquatabad and Malir Halt, respectively.

Lead concentration varied between 1.24ppm and 6.38ppm. The minimum and maximum concentration of lead was observed in maroon samples collected from PIB Colony.

The minimum concentration of chromium (0.36ppm) was found in green samples collected from PIB Colony while the maximum concentration of chromium (3.89ppm) was found in red samples collected from Liaquatabad.

Use of low cost natural mineral pigments, according to researchers, is the main source of such metal contamination in food products as they contain cadmium, lead, arsenic and chromium.

The use of arsenic contaminated water and nickel as preservative in processing and packaging as well as poor quality utensils used in food preparation were other sources of contamination, the study said.

“Living organisms require varying amounts of heavy metals, for instance iron, zinc, copper and manganese. All metals, however, are toxic at higher concentration,” Dr Khan explained, adding that human body could get exposed to heavy metals through different sources, including polluted air.

“Harmful effects depend on the duration and intensity of metal exposure to human body. In the case of food, it is important to see how frequently contaminated food is being taken as heavy metals start getting deposited in the body and negatively affect different organs, if they exceed certain limit,” he said.

At high levels of acute exposure, lead damaged brain and central nervous system to cause coma, convulsions and even death. At lower levels of exposure that caused no obvious symptoms and that previously were considered safe, lead was now known to produce a spectrum of injuries to the human body, Dr Khan said, adding that there appeared to be no threshold level below which lead caused no injury to the developing human brain.

“The biological effects of chromium strongly depend on its specific chemical form. The health hazards associated with exposure to chromium are dependent on its oxidation state,” he said, emphasising the need for regulating food products.

(By Faiza Ilyas Dawn 15, 19/03/2018)

121,000 patients in Pakistan skip TB treatment, seminar told

Experts on Wednesday said approximately 121,000 patients were suffering from tuberculosis (TB) in the country, but did not prefer to go through its treatment.

“Such an act makes their disease more resistant infecting other healthy people in their surroundings,” said an expert at a TB awareness seminar organised by the Dow University of Health Sciences on its Ojha Institute of Chest Diseases in connection with World TB Day, which will be observed on Saturday.

The audience was informed that Pakistan TB Control Programme foresaw that the number of TB patients was going to accelerate by 91pc by 2020.

“Thus the vision to start this TB control programme is to decrease the number of people who have TB and are not going through proper treatment,” said Abdul Khaliq Domki, additional director of the TB Control Programme Sindh.

He said within that period, the number of patients developing cancer through multidrug resistant tuberculosis would be minimised by at least 5pc.

“Last year, there were 72,000 TB patients who were cured in various hospitals of Sindh,” he said.

The seminar was attended by pro vice chancellor, DUHS, Dr Mohammad Masroor, director of Ojha Institute of Chest Diseases, Nisar Ahmed Rao, and others.

Mr Domki said tuberculosis was a danger for the patient suffering from it but also for the society at large.

“TB is a contagious disease, thus, it has to be controlled. Our mission is to get rid of this contagious disease in Pakistan. We also have to focus upon controlling deaths occurring from it,” he said.

Prof Masroor said every year there emerged many new types of cancers while there were 73 types of cancers that had already been discovered. Despite provision of free TB treatment by the government, people were ignoring it.

He said the theme for the public awareness programme on TB Day was to seek leaders for a TB-free world.

“A TB leader is every person affected by TB and willing to speak up and engage to end TB through one’s work and personal engagement. A TB patient’s treatment can require Rs650,000 to Rs1m approximately.”

The seminar was preceded by a TB awareness walk from the institute to the Dow International Medical College.

(Dawn 18, 22/03/2018)

Brain tumour removed with patient awake

The brain tumour of a patient was removed while he was conscious, at the Lahore General Hospital on Wednesday.

Punjab Institute of Neuro Sciences Unit II surgeon Prof Khalid Mahmood along with Dr Aneela Darbar, Dr Tariq Imtiaz, Dr Nabeel Chaudhry and Dr Muhammad Akmal performed the surgical procedure that was screened live to participants in a workshop held at the institute in connection with the ongoing Saarc Neurosurgical Conference.

A tailor by profession, 28-year-old Hassan of Shahdara had started complaining of severe headache and a pain in his body around two years ago. He was shifted to the LGH on March 22 where Prof Mahmood decided to perform this new surgical procedure on him.

Prof Mahmood said the procedure was performed under the awake craniotomy method. “Conversation continued with the patient during this surgical procedure and if something unusual is observed in speech or movement of hands or feet of the patient, immediate remedy is provided,” he said, adding brain tumours were already being removed with endoscopy, but this modern procedure would help patients receive better treatment at a very low cost in the country.

(Dawn 02, 29/03/2018)

Cut in drug prices: a welcome move

Looming fears about inflation and costs of basic commodities rising are slightly allayed with the news that the federal cabinet has reduced the prices of 139 common medicines. This is, indeed, a feather in the cap for Prime Minister Shahid Khaqan Abbasi. Similarly, the Drug Regulatory Authority of Pakistan (Drap) took a prudent step by forwarding a proposal to reduce the prices of larger packaging sizes.

With metabolic syndrome, diabetes and cardiovascular disease on the rise due to the advent of large-sized fast food meals, the availability of processed foods, the prevalence of meat and dairy in our diets, and the introduction of newer forms of sugary desserts be they strawberry samosas or large sundaes containing a popular chocolate spread, the reduction in drug prices will benefit countless patients.

Acknowledging that exercise and fitness are not commonly a daily part of one’s lifestyle here, which leads to muscle and joint aches, the reduction in prices of painkillers will likely see the industry flourish. Most importantly, the reduction in prices will come as a relief to the lower-income socioeconomic classes, namely those below the poverty level and living hand to mouth.

Healthcare is in a shambles. Members of the lower-income classes are often at the mercy of employers or other acquaintances, who can provide financial support. Even purchasing medicine becomes a

burden and points to basic needs being unmet. One caution with lower drug prices, however, is that drug abuse is an unavoidable phenomenon, especially with pain killers. Drap will need to particularly monitor the sales of drugs that are highly scheduled elsewhere in the world, meaning they are not easily available over the counter.

As departments and private organisations work on fixing the country's healthcare system, the reduction in medicine prices will facilitate thousands of people. With regard to costs for the industry however, profit margins will still presumably be adequate due to the heavy dependence on drugs.
(By Editorial The Express Tribune, 16,30/03/2018)

SC orders new service structure for doctors

The Supreme Court gave a one-month deadline to the government to formulate new service structure to regulate the promotions and postings of doctors.



A three-member bench headed by Chief Justice of Pakistan (CJP) Mian Saqib Nisar was hearing the case on Saturday at the Supreme Court's Karachi Registry.

The doctors had maintained that the service structure must be formulated considering their service tenure. The advocate-general informed the court that according to the court orders, the doctors hired on a contractual basis are being regularised, while 300 doctors still have to undergo the process and that for a new service structure for doctors, a committee is being formed. The doctors told the court that they waited for several years for promotions and several doctors had died during the time.

Makeshift management: Supreme Court directs hospitals to appoint permanent officials

Advocate-General Zamir Ghumro presented the upgrade approval report of grade 17 to grade 19 doctors during the selection board meeting. According to the report, approval for the promotion of 50 doctors from grades 17 to 18 has been granted. Approval for the promotion of 33 doctors has been granted from grade 18 to 19 doctors while 133 doctors from grade 19 to 20 have been promoted. Around 183 female medical officers of grade 17 and grade 18 have also been promoted.

Sanitation

Justice Nisar appreciated the work done by the provincial and local authorities for improving the conditions of cleanliness and sewerage in the city.

While heading a three-judge bench during the hearing of case related to non-provision of clean drinking water and sanitation in the province at the Supreme Court's Karachi Registry, the top judge told the officers that he had found that Karachi was a different city during his recent tour.

He observed that the city's beaches had also been cleaned, while garbage was also being lifted and storm water drains were also being cleaned.

Karachi Mayor Wasim Akhtar, Advocate-General Ghumro and other local and provincial government authorities were present.

Akhtar informed the court that illegal buildings and markets had been built on the amenity land of the drains. He expressed his helplessness to bulldoze the buildings.

Supreme Court upholds LHC decision to disband PMDC

He explained that in the first phase, four major drains in the city would be cleaned and cleared. He said work was under way and the CJP could personally visit the areas and inspect them if he wanted to do so.

The mayor said that an illegal building had been constructed on the land belonging to the Nehar-e-Khayam drain and the Sindh High Court had passed a restraining order against taking any action against the construction.

The CJP told the doctors, who had displayed some posters praising the top judge outside the SC's Karachi Registry, to remove them immediately. "No one will even call my name after my retirement," he remarked, ordering that such posters should not be seen again.

Journalist Mazhar Abbas pointed out that there were heaps of garbage beneath the flyover bridge at Baloch Colony.

The top judge said he would review the report submitted by the judicial commission investigating issues related to non-provision of clean drinking water and sewerage in the province. However, he observed that some positive change was seen in the cleanliness issues.

The bench that also comprised justices Faisal Arab and Sajjad Ali Shah fixed the matter after two weeks.

(By Our Correspondents The Express Tribune, 04, 01/04/2018)

KU to host Sindh's first forensic DNA laboratory

The provincial government has finalised a plan to develop a state-of-the-art forensic DNA laboratory in Sindh. The laboratory will be similar to other modern investigative laboratories, such as the one in Punjab, and will be called the Strengthening Forensic DNA and Serology Facility.

The forensic DNA laboratory will be established at the International Centre for Chemical and Biological Sciences (ICCBS) at Karachi University. The Jamilur Rehman Centre for Genome Research, a sub-unit of the ICCBS, will provide space for the laboratory.

The project plan and summary have been finalised and sent to the provincial health department, which has forwarded it to the chief minister for final approval. The provincial government has approved a three-year grant of Rs260 million for ICCBS.

The facility will provide assistance to the police and other law enforcement agencies in the scientific investigation of civil and criminal cases. Genetic material discovered during investigations will no longer be sent to diagnostic laboratories in Punjab, thereby saving both time and money.

Identification: CAMB resolves 3,000 cases using DNA

According to reports, the laboratory is being established on the orders of the court. The rape and murder of seven-year-old Zainab in Kasur shocked the nation and the culprit was caught after investigation teams used DNA reports from Punjab's forensic laboratory. The suspect had been successfully evading law enforcement agencies until a DNA match confirmed his involvement in the case.

According to Express News, MNA Azra Pechuho recently visited the ICCBS several times to discuss the plan for the forensic laboratory. She also examined the existing forensic equipment present at the centre's Genome Research Laboratory.

Confirming the plan to establish a forensic laboratory at ICCBS, Health Secretary Dr Fazlullah Pechuho told Express News that the facility was being developed on the orders of the Sindh High Court. "The laboratory will provide DNA testing for up to 150 genetic samples every month," he said, adding that "the tests will be conducted as per the requirements of the provincial government". He went on to say that the government was finalising the project's PC-I while an initial summary has been sent to Chief Minister House for approval by CM Murad Ali Shah. It is expected that the summary will be approved soon, after which the government will sign an agreement with ICCBS.

Inept investigations allow people to go free: CJP tells AIG Punjab

According to the summary submitted by ICCBS Director Dr Iqbal Chaudhry, the facility will require Rs150 million to purchase equipment and issue service contracts and another Rs25 million for chemical kits. In addition to this, the laboratory will need Rs20 million for training and development of its staff while Rs65 million will be allocated for the non-development budget, which includes salaries and allowances of the staff.

“The Jamilur Rehman Genome Research Centre at ICCBS, established solely by donations from Dr Attaur Rehman, is already equipped with machinery and facilities required for genomic research,” the summary read. “The centre also has several facilities including next-generation DNA sequencing, computational infrastructure for bioinformatics and appliances, polymerase chain reaction instruments, ultra and normal speed centrifuges and bio-alliance and gel documentation system”.

In addition to setting up the facility, the summary also requests high-level training of the laboratory staff, including on sample handling as per international standards. The staff will also undergo training for sample processing and data analysis. The basic appointment criteria for the centre’s staff include an MSc and MPhil, according to the summary. It also adds that funds will also be needed to procure chemicals used for the preservation of samples.

(By Safdar Rizvi The Express Tribune, 05, 02/04/2018)

Dengue virus: First death of 2018 in Karachi reported

The first death of 2018 from dengue in Karachi was reported at Jinnah Postgraduate Medical Centre (JPMC) Tuesday night where an 80-year-old woman succumbed to the deadly virus.

The deceased, Akraman Mai, was a resident of Surjani Town. She was admitted to JPMC a few days ago where she was diagnosed with dengue.

According to JPMC Executive Director Dr Seemin Jamali, the elderly woman was suffering from multiple diseases. However, she died of complications resulting from dengue.

Dr Abdul Rasheed Sheikh, programme manager of the Prevention and Control Programme of Dengue in Sindh, did not confirm the death due to dengue. According to him, the dengue control programme had not received any report from the JPMC administration so far.

Officials discuss dengue prevention efforts

“In 2017, a total of 12 people, including eight males and four females, died of dengue fever in Karachi,” Dr Sheikh said, adding that seven of the deceased, however, were also suffering from other diseases besides dengue.

2018 cases

As many as 10 dengue cases have been reported across Karachi during the recent week, raising the number of reported cases to 216 in the city since January 1, 2018.

According to the weekly report issued by the dengue control programme, at least 10 new dengue cases have appeared in the city in a week, while no case was reported from other parts of Sindh.

In 2018, a total of 229 dengue cases have so far been reported across Sindh, of which 216 were reported in Karachi and 13 from the rest of province.

(By PPI The Express Tribune, 05, 05/04/2018)

Study finds alarming rate of antibiotic consumption in Pakistan

Antibiotic consumption in Pakistan between 2000 and 2015 increased 65% from 800 million defined daily doses (DDD) to 1.3 billion DDD. The antibiotic consumption rate in the country witnessed a surge from 16.2 DDD to 19.6 DDD per 1,000 inhabitants per day.

This was disclosed in research, titled 'Global Increase and Geographic Convergence in Antibiotic Consumption between 2000 and 2015'.

Published in the 'Proceedings of the National Academy of Sciences' last month, the study dealt with 76 countries. It found that Pakistan was the third highest consumer of antibiotics after India and China among the low and middle income countries.

Between 2000 and 2015, the antibiotic consumption increased from 3.2 billion DDD to 6.5 billion DDD in India, undergoing 103% growth, and from 2.3 billion DDD to 4.2 billion DDD in China with the growth rate of 79%, according to the study.

"The use of antibiotics around the world jumped by 65% between 2000 and 2015. There were over 42 billion daily doses of antibiotics consumed. This is expected to rise to 128 billion by 2030," reads the report.

'Prescribe drugs by generic rather than brand name'

The huge consumption of antibiotics has been resulting in antibiotic resistance at an alarming scale. The World Health Organisation (WHO) has also called for altering the trends of prescribing and consuming the antibiotics in order to deal with antibiotic resistance, which has been termed a major global threat.

The bulk of the increase in the antibiotic consumption over the years came from low and middle income countries. However, some rich countries like the United States, France and Italy also witnessed a marginal increase in the antibiotic consumption between 2000 and 2015.

Talking to *The Express Tribune*, professor of microbiology and vice-chancellor of Dadabhoj Institute of Higher Education Dr Shahana Urooj Kazmi said the antibiotics resistance, which was the ability of microbes to evolve and withstand the effects of antibiotics, was a significant cause of illnesses and mortality globally and the increase in antibiotic consumption was the primary cause of antibiotic resistance.

According to the professor, antibiotic resistance was one of the biggest threats to global health, food security, and development in the current times. Many diseases, including pneumonia, tuberculosis, gonorrhoea, and salmonellosis, were becoming difficult to treat as antibiotics, which were being used to treat them, were becoming less effective, Prof Kazmi said.

"Self-prescription, which is very common in Pakistan and its neighbouring country, needs to stop immediately or else [many] diseases will be incurable in this region," she added. According to her, the trend of taking unnecessary antibiotics was more prevalent in high income and educated population than low income people, who mainly relied on doctors for prescription.

WHO guidelines:

"Antibiotic resistance leads to longer hospital stays, higher medical costs and increased mortality. Without urgent action, we are heading for a post-antibiotic era, in which common infections and minor injuries can once again kill," the WHO says in one of its guidelines.

Excessive use of antibiotics

The Global Action Plan on Antimicrobial Resistance endorsed by the member states of the WHO and affirmed at a global meeting during the 71st General Assembly of the United Nations in 2016 recommended that all countries collect and report antibiotic consumption data.

Country-wise data on antibiotic use is needed to monitor regional and global trends over time, compare antibiotic use among countries, and provide a baseline for the evaluation of future efforts to reduce antibiotic use.

According to the WHO, the antibiotic resistance is accelerated by the misuse and overuse of antibiotics, as well as poor infection prevention and control. It suggests that steps be taken at all levels to reduce the impact and limit the spread of antibiotic resistance.

An individual should only use antibiotics when they are prescribed by a certified health professional. People should not insist on consuming antibiotics if the physician does not prescribe them. WHO recommends that infections be prevented through maintaining hygiene and antibiotics be used only when they are required.

(By Mudaser Kazi The Express Tribune, 05/04/2018)

Polio and Pakistan

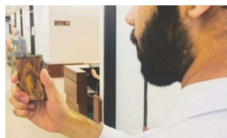
At the start of the 20th century, polio was a common childhood disease. Since then, the illness — caused by the poliomyelitis virus attacking the nervous system — has left an indelible mark on the world and those who have been afflicted by it. In the 1950s and '60s, the development of an injectable vaccine for polio brought the spread of the disease under control in industrial countries such as Britain and the United States. However, for fledgling nations like Pakistan, the disease has been nothing less than an unending national nightmare. Even now, Pakistan remains one of the last battlegrounds for this debilitating disease. While we haven't completely defeated the disease, with smart adjustments to the eradication plan, the Pakistan national polio programme has come a long way towards building a future in which the crippling disease can no longer endanger our children and communities. But as we drive back polio into its last redoubts, there is still work to be done to maintain the momentum and steady progress towards a polio-free Pakistan. In its recent performance review of anti-polio campaigns in the twin cities of Rawalpindi and Islamabad, the World Health Organisation Technical Advisory Group on Polio Eradication has advised local administrations to closely monitor boundary areas of the twin cities where mobile populations from other provinces reside.

Despite significant gains against the disease through well-coordinated immunisation efforts across the country, it would be negligent to assume that the virus would not spread nationally once families move out from high-impact areas. Hence targeted surveillance, coupled with intense immunisation, at all transit points must be carried out to contain and counter the spread of the disease. After all, we are almost there. We as a nation can eradicate the polio virus so completely that future generations would know polio paralysis only through history books.

(By Editorial The Express Tribune, 16, 05/04/2018)

Study seeks ban on promoting e-cigarettes as a safe alternative

A recent study conducted at five medical institutions highlights how vulnerable students are to the new global epidemic of electronic cigarettes, which they consider relatively safe, though data is emerging on the negative effects of these devices.



It found that conventional cigarettes were still popular among medical students, some of whom were taking up e-cigarettes with other tobacco products, suggesting a ban on promoting and marketing e-cigarettes as a safe alternative till definitive scientific evidence demonstrating its benefits emerges.

Titled 'Electronic cigarettes use and perception amongst medical students: a cross-sectional survey from Sindh, Pakistan', the study was recently published in the BMC Research Notes, an online journal.

A total of 500 students, 58 per cent of them female students, were interviewed during the study conducted at the Aga Khan University, Jinnah Sindh Medical and Dental College, Jinnah Sindh Medical University, Dow University of Health Sciences and Liaquat University of Medical and Health Sciences in 2016.

According to the study, while the epidemic of e-cigarettes is rising globally with insufficient data on its health safety, there is little or no data available on the knowledge and use of e-cigarettes from developing regions, which are still struggling to contain the use of conventional tobacco products.

Survey of five medical institutions depicts how vulnerable students are to using the electronic device

“This highlights a key knowledge gap that still remains to be addressed. In general, medical students are considered to have better levels of knowledge as they are expected to interact with patients in their training years, so it is important to know regarding their perspectives on e-cigarettes,” it says.

The study aims to explore the existing levels of knowledge, attitude and perception as well as usage of e-cigarettes among medical students.

Findings

Although the study did not find e-cigarettes widely popular on medical campuses, its users and non-users both considered these devices less harmful. It found use of e-cigarettes significantly higher among male smokers, which was consistent with data on cigarette smoking in Pakistan.

It also found that those who were using e-cigarettes were using other tobacco products concomitantly more often than non-users. Use of conventional cigarette was 80.6pc, smokeless tobacco use was 38.7pc and shisha use was 83.9pc among e-cigarette users compared to 13.4, 2.3 and 31.6pc of non e-cigarette users, respectively.

“Over 65pc students were aware of e-cigarettes, 6.2pc reported having used e-cigarettes, of whom 1.2pc self-reported daily use. Users of conventional tobacco products were significantly more likely to have heard of e-cigarettes (87.6pc) and having used them (13.9pc),” it says.

For nearly half of the respondents, the major source of information was mass media/internet, followed by friends or acquaintances, while other sources of information were also suggested by 11.6pc.

Compared to e-cigarette users, the majority of non-users said they believed it was not harmful at all (71pc).

“It is of great concern as noted previously that newer users have often tried it as an experiment, especially in teenagers and young populations, and can hence serve as a gateway to nicotine addiction in these groups,” it says.

Among those who reported smoking, 43 (8.6pc) labelled themselves as current cigarette smokers (who smoked at least once in last month), 8.2pc as occasional smokers (who smoked less than once a month) and 0.8pc were ex-smokers. Respondents who used conventional tobacco products were significantly more likely to be males (63pc) and enrolled in public sector institutes.

More than 50pc of these tobacco users belonged to 4th and 5th year of medical colleges.

By comparison, it was found that conventional tobacco users were significantly more likely to have heard of e-cigarettes and having used them.

Tobacco non-users were significantly more likely to have heard of e-cigarettes through mass media (46.2pc) while users heard through friends/acquaintances (32.9pc).

Compared to e-cigarette users a majority of non-users perceived that the use of e-cigarettes was associated with respiratory diseases like chronic obstructive pulmonary disease (COPD), asthma and

lung cancer (45.2pc), associated with addiction and dependency (29pc) and is harmful for pregnant women (45.2pc).

“However, there was no significant difference of opinion found among users and non-users when they were asked whether e-cigarette help in quitting, [was] less harmful than conventional cigarette, more harmful than conventional cigarette and equally harmful to conventional cigarette,” it says. Only 27.4pc of respondents thought e-cigarettes help in quitting.

Insufficient data

The study also provides information about e-cigarettes’ history and the data so far available on its health safety.

Also known as electronic nicotine delivery systems, an e-cigarette, it says, is a handheld electronic device first introduced in the early 2000s. It has a basic design with engineering variations and user modifications which results in difference in nicotine delivery.

“It is currently actively marketed with healthy claims, as a better alternative to conventional cigarette smoking and as smoking cessation aid, often endorsed by celebrities and doctors,” it says.

However, it points out, that sufficient evidence is not available in support of e-cigarettes’ efficacy in smoking cessation nor its health safety.

“Alternatively, use of e-cigarettes can also have negative health consequences; a cross-sectional survey of students from 24 colleges and universities in Texas found e-cigarette use to be associated with depressive symptoms. Until long-term observational data of e-cigarette users is available, possibility of adverse health effects cannot be ruled out,” the study says.

(By Faiza Ilyas Dawn, 17, 05/04/2018)

Hospital construction project handed over to works and services dept

The judicial commission ordered on Thursday decentralisation of a project to construct 63 government hospitals and trauma centres in all district of the province.

Justice (retired) Amir Hani Muslim, head of the Supreme Court-appointed commission investigating non-supply of clean drinking water and sanitation in the province, passed this order on a report submitted by the provincial planning and development department’s chairperson.

In his report, the chairperson pinpointed that there were seven Annual Development Programme schemes that were under the umbrella of the project.

The project comprised 63 units, of which 17 were district headquarter hospitals, five taluka headquarter hospitals and 41 trauma centres. According to the report based on the department’s monitoring and evaluation wing, of the 17 district headquarter hospitals, the construction of six was satisfactory and two were average while nine were unsatisfactory. There were five taluka headquarter hospitals whose construction work was also unsatisfactory.

Pollution, filth repulses judicial commission

The report revealed that the construction of all 41 trauma centres was unsatisfactory. Keeping this in mind, the commission, with the consent of the department chairperson and health secretary, ordered that the project be decentralised and be taken up at district level. The entire rehabilitation project will be decentralised, according to this decision.

The commission ordered that the construction of the units found to be unsatisfactory will be remedied and completed either through the same contractors or at the cost of the contractors through another contractor.

The commission ordered that the MBs shall be recorded at the time of taking inventory. The revenue component will devolve with the committee, which was constituted with the consent of the chief secretary and health secretary. From today onwards, this project stands decentralised and will be completed district-wise through the works and services department.

The planning and development chairperson suggested that the units should be completed by the next financial year without compromising on the quality and the requisite amount in this regard should be allocated and released by the relevant forum.

Judicial commission seeks list of environment-polluting industries

The commission ordered that all the utility services in this regard will be ensured by the works and services department by adopting the proper mechanism so that on completion of the buildings, these utilities will be available within the premises.

Subsoil water

Regarding the issue of subsoil water, the Karachi Water and Sewerage Board's (KWSB) managing director informed the commission that a note had been forwarded to the board's chairperson for a decision.

The commission directed the MD to obtain a decision from the chairperson by tomorrow (Friday) and said once such order is obtained appropriate directions would be passed. Deferring the matter till Monday, April 9, the commission ordered that the local government secretary shall take steps to ensure the orders are obtained from the KWSB chairperson.

The commission also deferred till tomorrow (Saturday) a hearing on the matter relating to obstructions and encroachments on the land of storm-water drains, which fall within the domain of the Karachi Metropolitan Corporation and the district municipal corporations (DMCs), as the taskforce's chairperson was not present on account of his official commitments.

The local government secretary requested one week to sort out the issues between the privately-hired contractors and Sindh Solid Waste Management Board (SSWMB). He was granted time till April 16.

The project engineer, Ghulam Mustafa, said his parent department was the public health department and after the disbandment of the special initiative department, he and others had not resumed work at the public health engineering department.

Judicial commission seeks report from ACE on pending corruption inquiries

The commission directed the latter department's secretary to ensure that all those who were in the special initiative department and were from the public health department shall be allowed to report to the latter so that their services could be utilised.

The KWSB MD said that after his meeting with the LG secretary and irrigation secretary who is also chairperson of the taskforce, it was concluded that consultants needed to be appointed for the rehabilitation of water filtration plants.

Therefore, the commission directed that appropriate orders should be obtained for the rehabilitation of the plants, which should start immediately after complying with the codal formalities.

Garbage lifting

With the consent of all the chief officers of all the cantonment boards in Karachi and officials of the SSWMB, it was agreed that the deputy commissioners of the respective districts within Karachi shall act as coordinators to ensure that municipal solid waste is lifted within their respective jurisdictions and disposed of at the designated landfill site.

The commission directed the deputy commissioners to also interact with the police to resolve security issues if any of the contractors engaged by the board for garbage collection, lifting and disposal.

CJP vows to shut down Sindh tanker mafia

DMC Central Chairman Rehan Hashmi said they were also planning to contract out their cleaning programme through the SSWMB and the district council was likely to take steps to pass a resolution, though it had reservations on some of the conditions.

When the commission confronted him with provision of the SSWMB, which makes the chairpersons of the DMCs as ex-officio members, Hashmi said that he previously overlooked the issue, adding that the SSWMB had never called a board meeting.

He said he was inclined to pass a resolution through the council consenting that municipal functions be assigned to the SSWMB to work within their DMCs.

The bench expected that the chairperson would get a resolution of this nature passed through the council in the coming week. It directed that Hashmi's reservations be looked into by the board after the resolution was passed.

According to the LG secretary, there was no other DMC in Karachi objecting to the working of the SSWMB. Therefore, on the SSWMB MD's return from abroad, he will call a meeting of the ex-officio members and strengthen the board by inducting employees through competitive process at all levels and the government shall facilitate him. He assured that the issue will be addressed immediately, so that the working of the board could be improved.

The chairperson of the planning and development department said the chief minister was chairperson of the SSWMB, but he had delegated his powers to the chief secretary, who did hold meetings.

The commission directed the chief secretary to hold a meeting of the board, inviting all the DMCs, mayor and other stakeholders in terms of Section 4 of the statute. The matter was adjourned till April 16.

Judicial commission wants water, sanitation schemes working plan today Combined effluent treatment plants

The commission noted that combined effluent treatment plants (CETP) had been proposed to ensure that industrial waste is treated before being drained into the sea. It observed that industrial water has damaged the sea and marine life.

Justice (retd) Muslim mentioned that the SC had intervened and it was decided that CETPs should be installed to cater to the industrial waste from all over Karachi. This plan is still on paper though there was an arrangement that 50% of the amount would be funded by the federal government and remaining 50% by the Sindh government.

He noted that now the executive committee of the national economic council has approved that one-third shall be paid by the federal government and the remainder by the Sindh government.

The commission remarked that the project director has put in an appearance and his working would be examined on today when the chief secretary attends a meeting with the commission.

The commission deferred the issue relating to the installation of pre-treatment plants within industries in Karachi as Advocate Abdul Sattar Pirzada sought time to interact with his clients and come back with the consolidated proposal on it. He was granted 10 days.

The commission took up a complaint received from one of the owners of the water tankers, in which he stated that the contractors of the tankers had increased the rate as the hydrant service was not regulated in conformity with the rules.

(By Naeem Sahoutara The Express Tribune, 04, 06/04/2018)

Hospital's condition worsened under private administration, judge informed

During an inspection of a public hospital in Ibrahim Hyderi, an additional district and sessions judge was informed on Tuesday that the hospital's condition had worsened since it was given to a private entity.

Medical superintendent (MS) of the hospital Kishore Khatri informed Malir Additional District and Sessions Judge Shafi Muhammad Pirzada that the non-governmental organisation (NGO) that was running the hospital had failed to manage its affairs properly.

The MS told the judge that the government had handed the hospital's administrative control over to the NGO so that welfare of patients could be ensured and improved medical facilities, including provision of medicines, were available for the patients.

Hospitals show improvement under private programme

The MS lamented that instead of showing improvement, the hospital's affairs exacerbated. The patients are in distress due to the non-provision of medicines, he complained, adding that even drinking water was not available at the hospital.

54-bed children's ER inaugurated at Lyari General Hospital

According to the MS, the NGO had been repeatedly directed to ensure availability of medicines at the hospital but it did not pay any heed. Khatri also alleged that medicines provided to the patients at the hospital were unregistered, substandard and expired.

The judge also met patients during the visit who complained about their miseries. He directed to send samples of allegedly substandard medicines to a laboratory.

All is not well with hospitals running under public-private partnership

The judge sought list of required medicines at the hospital from the store incharge. He asked the hospital authorities to provide information about medicines that were demanded by the hospital and those that were supplied.

A report regarding the MS's observations and hospital affairs would be submitted to the high court, in which an action against the NGO has been recommended.

(By Our Correspondent The Express Tribune, 05, 02/05/2018)

Opposition raises serious questions about govt hospitals' performance

The opposition benches in the Sindh Assembly on Tuesday asked the politicians — those in the government in particular — and senior bureaucrats to get treatment at public sector hospitals as, they believed, that might improve the service delivery system of those "ill-standard and poorly-run" healthcare facilities.

Resuming general debate on the annual budget presented by Chief Minister Murad Ali Shah, Samar Ali Khan of the Pakistan Tehreek-i-Insaf (PTI) said the existing hospitals being run by the provincial health ministry could well be improved if public servants were bound to get treatment from government-run hospitals.

"Until these bureaucrats get treatment [at government facilities], our hospitals [will not] improve from the existing poor conditions," said Mr Khan.

Laments that health and education are being let out on contracts

Muttahida Qaumi Movement-Pakistan's Sheeraz Waheed, who has defected to the Pak Sarzameen Party (PSP), during his speech said none of the politicians, particularly those belonging to the government, received treatment at government hospitals.

“Until these politicians get [themselves] treated at these hospitals, all investments and claims thereof vis-à-vis improvement in health sector are [a] farce,” he said.

He added that things would improve when those politicians realised that they would have to get treatment from public sector hospitals and their children were to be taught in government-run schools.

The debate entered its second day with Speaker Siraj Durrani in the chair in which nine lawmakers, eight of them affiliated with the opposition parties, articulated their reflections over the budget, the last by the present government.

Pakistan Muslim League-Functional’s Mehtab Rashdi said next fiscal’s budget offered the greatest deficit (Rs20 billion) in the 70-year history of the provincial legislature.

She claimed the government had put together a jumble of figures in mountains of papers and presented it as next year’s budget before the people.

Speaking on the current fiscal’s nine-month report, she said there were nine government departments which did not spend a single penny on development schemes during that period; six of the departments spent from 1-18 per cent, which included finance, katchi abadis, cooperatives, revenue, mines and minerals.

She said the government’s practice was pathetically self-centred when expenditure on luxuries of ministers and bureaucrats and other heads was fully utilised.

“Budget documents are made in a manner that one should believe that Sindh will prosper at least on paper,” she said.

Ms Rashdi said agriculture and other sectors were being poorly treated; the government was aimlessly wandering without having strategy; and the situation had not changed in the past 10 years.

Ms Rashdi said if Sindh did not get its share from Islamabad, it still had its own resources, but the incumbent authorities were not able to utilise those resources as well.

She wondered on the provincial government’s announcement to set up schools offering Cambridge school system, adding, “this shows the government accepts its failure in our own education system”.

She said if institutions in health and education ministries were being awarded “on contract” then “why don’t you contract out the entire government?”

Samar Khan in his speech did not hide his utter dejection over “the state of affairs Sindh was going through for the past five years”.

He said he was so dejected that he would quit politics after conclusion of the assembly’s current mandate and would not contest for next tenure.

“I am very disappointed. Nothing has changed in the past five years. I don’t see these long years have benefited our people by any means. I would not contest election again. In fact, I have wasted full five years of my life,” he said.

He said the speech he was making himself was “useless”, which would not bring any change in the lives of the people of Sindh.

Mr Khan said the promises of ‘roti, kapra aur makan’ that the PPP had offered since its inception had not yet been realised.

"[Zulfikar Ali] Bhutto is still alive, but, unfortunately, this great leader's dream has long [been] dead and buried," he said.

He said Sindh was still trapped by the colonial mindset as "we are coconuts, who are brown from outside, but actually angrez (Englishmen) from inside".

He said the province was plagued with unprecedented malnutrition. The health ministry should tell us how many hospitals are in Karachi only, not the whole of Sindh, when Australia, a country of 22 million, has established 2,300 hospitals.

He said what should make everyone ashamed was the fact that toilets were not available in most girls schools.

He claimed upon his request to the education minister for making available toilets in girls schools in his constituency he was told a powerful lady in the ruling party had ordered not to do so in schools falling in NA-250 and related provincial constituencies.

MQM's Sumeta Syed, who has defected to PSP, said schemes relating to closed-circuit television cameras were not being properly implemented, as was the case with the culture ministry's schemes. She said much needed to be improved in Sindh's prisons.

She claimed 198 children died of malnutrition in Thar in the first four months of the current year.

She said instead of vague mention vis-à-vis sustainable development goals, the budget should have offered clear policy towards it.

MQM's Sabir Qaimkhani said more than Rs800bn had been allocated for non-development work. He said more investment was needed on technical education to have better job opportunities for youth in the CPEC projects.

He said the opposition members represented almost half of Sindh's population, yet, they had been ignored pathetically.

Khursheed Junejo of the PPP said Islamabad's delays and cuts in providing National Finance Commission award had always affected development works. He demanded the federation should hand over its taxes to the provinces.

Mr Junejo appreciated the government's focus on lining of canals, which, he added, would save Sindh's lands from being destroyed as earlier 2.7 acres were being destroyed every five minutes as per an earlier international survey.

Pakistan Muslim League-Nawaz's Hussain Sheerazi said people of Thatta and Sujawal districts had rejected the Zulfikarabad project and questioned why the government had allocated Rs100m for the project for next year's budget.

MQM's Rashid Khilji said the government had spent just Rs98bn out of more than Rs250bn development budget so far in the current fiscal.

PML-F's Waryam Faqir said the government had failed to provide relief to growers. He said majority of officers were themselves facing graft inquiries. He asked the rulers not to make Dubai richer at the expense of Sindh.

(By Hasan Mansoor Dawn, 17, 16/05/2018)

Newborn deaths in Pakistan

The writer is the associate dean of research and associate professor of pediatrics at the Aga Khan University.

A GLOBAL assessment published by Unicef in February highlighted that a baby born in Pakistan is 50 times more likely to die in its first month than a baby born in Iceland, Japan or Singapore. One newborn out of every 22 in Pakistan dies within the first month, meaning 46 out of 1,000 newborn babies die within the first month of their life.



In contrast, India, which has similar sociocultural factors to those existing here, has a corresponding newborn mortality rate of 25 per 1,000 newborns.

According to the report, Pakistan's survival rate of newborns is ostensibly worse than many countries having compromised economies as well as weaker health infrastructure.

A critical factor responsible for the high newborn deaths is the poor state of maternal health and nutrition, especially during pregnancy. Pakistan's stunting rate (ie children shorter than normal for that age) which is an indicator of chronic undernutrition, is one of the highest in the world. Girls who are malnourished as children

grow up and become pregnant, not having received any dietary rehabilitation to correct this deficit.

This then leads to adverse consequences for the pregnant mother, newborn baby as well as a household's overall well-being. Limited resources due to widespread poverty, combined with a lack of understanding that pregnant women need nutritious diets along with micronutrients leads to poor weight gain of pregnant women. Thus, malnourished women give birth to babies who are small and weak — increasing their likelihood of dying in the face of otherwise minor illnesses.

Interventions to reduce newborn deaths include those focusing on the nutritional health of girls and women.

The second key factor responsible for the high neonatal deaths is the poor provision of available obstetric care. Delivering in a health facility is generally considered safer as compared to delivering at home. However, according to the Pakistan Demographic and Health Survey (PDHS) of 2012-13, at least half of the births in our country are at home. Only 52pc of our births are assisted births, with the help of a skilled birth attendant, while the rest are not supervised by any trained person. The ability to care for the newborn is very limited in the home settings, with no access to immediate life-saving obstetrical procedures, otherwise provided at good health facilities. Examples of such critical services include obstetrical surgical interventions to safeguard both maternal and foetal lives as well as provision for subsequent neonatal resuscitation.

There are also major challenges within the healthcare facilities that provide obstetric care in Pakistan. Most of the private-sector obstetric facilities are concentrated in urban areas, and operate on a business model that prefers high volume of low-complexity cases. They do not invest adequately in the infrastructure and personnel to deal with labour complications and advanced neonatal care. In case of any last-minute complications related to the mother or the baby, they bank on referring the case to public-sector facilities. However, very few public-sector facilities are capable of dealing with these complicated cases, and those able to are overburdened by the magnitude and complexity of urgent cases coming their way, both from the private sector and failed attempts at assisted or otherwise unsupervised home-based deliveries.

While these two factors are critically important, they still do not explain why Pakistan's newborn mortality rate would be higher than any of the other countries listed in the top 10 of Unicef's list. Especially puzzling is the fact that this report comes at a time when other indicators like rates of institutional delivery, skilled birth attendance and Caesarean section have progressively improved, particularly in Punjab and KP as shown by recent provincial health surveys. Unicef estimates seem to be based largely on the findings and

trends of both the 2006 and 2012-13 PDHS, and there are some fundamental differences in these two surveys with how a baby's death has been defined and classified. We clearly need more robust data to make better-informed estimates of the number and causes of newborn deaths, ideally with district-level specificity.

There are probably additional factors in Pakistan that need scientific exploration such as cousin marriages which increases the risk of genetic disorders in subsequent generations. According to the 2012-13 PDHS, half of all marriages in Pakistan occur between first cousins. The burden of genetic disorders due to cousin marriages and its impact on the overall newborn and maternal mortality burden is currently unknown in Pakistan.

Moving forward, it seems that other than conducting research regularly, interventions most likely to reduce newborn deaths in Pakistan include those focusing both on the general and nutritional health of girls and women. It is important that this be done across the board to make certain that no female child is left behind. This can be done by ensuring that during her infancy a female child is not malnourished, during adolescence every girl is provided adequate nutritional resources for herself as well as to cope with the added requirements of pregnancy so that she gets adequate diet for two, and after childbirth so she is able to provide adequate nutrition and immunity to the newborn via breast milk. All deliveries should be in the presence of a skilled birth attendant. The health facilities need to be upgraded, with networks and services being brought closer to the people, rather than expecting people to bring the delivering woman in obstructed labour or a sick newborn all the way to the tertiary care public sector facilities of large urban areas.

Prevention, prompt diagnosis and correct treatment of illnesses in newborns are equally important, and must be given due importance in parallel to efforts focusing on women's health. Although the government bears the primary responsibility for public health, the developmental sector, the academic institutions and civil society also need to prioritise this issue of women and girls health. Ignoring girl and women's health any further literally threatens the future of our very nation.

The writer is the associate dean of research and associate professor of pediatrics at the Aga Khan University.

(By Asad Ali Dawn, 08, 21/05/2018)

Pregnant woman dies of dehydration during load-shedding protest



In a reflection of how the federal bureaucracy is considering itself unanswerable, as also apprehended by Prime Minister Shahid Khaqan Abbasi, officials of the Hyderabad Electric Supply Company (Hesco) seem to be on a rampage. Widespread outages, protracted response to complaints and unscheduled load-shedding by Hesco, which all intensified with the onset of Ramazan, has forced residents of several localities of Hyderabad to take to the streets.

During a protest that turned tragic in the Shah Najaf Colony area in Latifabad Unit 10, a pregnant woman participating in the demonstration, with mercury recorded at 44° Celsius, died of dehydration. Her family and neighbours told the media that 30-year-old Reema, wife of Yameen Malik, fainted at the protest and was declared dead at a hospital.

Reema was a mother of two children and was five months pregnant. Her family and other residents of the area held Hesco responsible for her death. The area has reportedly been without electricity for 21 days after a transformer in the area developed some fault.

Top court reproaches K-E for prolonged load-shedding

Saeeduddin, a local resident, claimed that so far the residents had collected Rs86,000 from the neighbourhood and paid the sum to Hesco staff to repair or replace the transformer. "Now they [Hesco staff] are asking for more money, which we are unable to pay," he said.

Saeeduddin and the other residents alleged that Hesco's lower staff collected bribes to provide illegal connections to some of their neighbours. "This leads to an increase in the transformers' load and they burst due to the load," he argued.

Separately, residents of Amani Shah Colony in Latifabad also staged a protest against power suspension. They burnt tyres and pelted stones on roads blocking the movement of traffic in Latifabad Unit 11 for hours. They were annoyed by the same reason – faulty transformers in their area that had not been repaired for a week.

"People living in our area can't afford generators or UPS. We have to let ourselves, our children and elders burn in the heat. But the trauma doesn't end here as we have also run short of water," claimed Ahsan Ali, a local resident who was among the protesters.

Power production rises 30% over five years

Another demonstration was held at Shahi Bazaar led by union council chairman Asif Beg who also complained about a transformer that caught fire three days before and had not been repaired. The people living in Pucca Qila also took to the streets and burnt tyres to block the traffic movement.

Industries to face 10 hours of load-shedding in Ramazan

Protests were also held in some other localities in Latifabad, City and Qasimabad talukas. "The transformer of Ali Nagar Colony [a housing society in Qasimabad] often bursts because it's overloaded by illegal connections of people living in the surrounding villages. We repeatedly ask Hesco to remove the illegal connections but they never take action which smacks of connivance on the part of the [Hesco] staff," Mir Asif, a resident, said.

According to him, as soon as the inhabitants of Ali Nagar Colony got their transformers repaired or replaced, illegal connections were hooked up once again. "We can't clash with the residents of surrounding villages. It's Hesco's responsibility to remove kundas but every time we ask them to do so, they avoid it."

The power company is already implementing a load-shedding schedule of up to 12 hours on the basis of the recovery of power bills. Hesco's 488 electricity feeders have been divided in seven categories.

Areas covered by feeders with up to 10% line losses have been exempted from load-shedding, while areas whose feeders have 80% line losses have to undergo 12 hours of power cuts. Hesco Spokesperson Sadiq Kubar was not available for comment.

(By Z Ali The Express Tribune, 04, 21/05/2018)

Over 60 reported dead in Karachi heatwave

Over 60 people have died due to the heatwave in Karachi, Edhi Foundation head Faisal Edhi said while quoting relatives of the deceased.



Edhi said that the number of bodies in their mortuaries in Korangi area has tripled, while in Sohrab Goth, the flow has doubled since Saturday – the day the heatwave hit the metropolis.

He told The Express Tribune that more than 160 bodies have been reported at the two mortuaries, with the relatives of 60 claiming heatstroke to be the cause of death.

"On normal days, the Korangi mortuary receives six or seven bodies, whereas the last few days have seen 20 to 25 bodies per day. The flow at the Sohrab Goth facility has doubled from 20 bodies to 40 in a single day," he added.

Karachi to swelter till Thursday, says Met department

The ages of the deceased range from 16 years to 78 years and they include both men and women. According to Edhi, people should avoid going outside during the peak heat hours and must maintain their electrolytes. He added that a majority of those suspected of being heatstroke victims were fasting.

Korangi Mortuary Station Manager Muhammad Shafiq said that between 55 and 60 bodies have been received by their facility in the last three days, while the normal daily average is only six to seven bodies. "The Korangi mortuary caters mostly to blue-collar workers and labour class in Landhi and Korangi."

According to Shafiq, only a few of the death certificates of the deceased mention heatstroke as the cause of death.

Tayyaba, 28, a resident of Orangi Town, who was also pregnant, died on Sunday evening. According to her husband, Sheeraz, there was no electricity in their area for four hours in the afternoon, and when Tayyaba's condition worsened, they were unable to get her to a hospital in time.

Karachi morphs into a giant baking oven

Harris, the nephew of Shabbir Ahmed, 68, a resident of Liaqatabad, said his uncle died due to heatstroke. "It was 11:00am on Sunday when my uncle said he felt unwell due to the heat and asked us to switch on the fan, but since there was no electricity, we could not help him," he added. An hour later, when his condition deteriorated, they took him to a nearby hospital, where he was pronounced dead.

Jinnah Postgraduate Medical Centre Executive Director Dr Seemin Jamali said that a full ward has been established to accommodate the expected influx of heatstroke patients. However, she added that no heatstroke patient has been reported at JPMC so far, only a few with vertigo.

Civil Hospital Medical Superintendent Dr Mohammad Tofique said that no death due to heatstroke had been reported at the facility till Monday evening. He said only two people had been brought to the dedicated heatstroke ward during the current heatwave. He added that most potential heatstroke victims use the shower facility set by the hospital to reduce the body temperature of those coming in with complaints of heat fatigue.

The maximum temperature in Karachi remained 44 degrees Celsius for the second consecutive day and the port city remained the third hottest city in the province after Chorr Cantt at 46.5 degrees and Mithi at 46 degrees. The humidity in Karachi was six per cent on Monday.
(By Mudaser Kazi The Express Tribune, 01, 22/05/2018)

Heatwave has claimed 60 lives, says Edhi; govt rejects claim

The persistent heatwave in the metropolis claimed around 60 lives in three days.

Faisal Edhi of the Edhi Foundation said on Monday that his charity used to receive around 25 dead bodies every day but it received 160 of all age groups and both genders during the last three days.

"Families of at least 60 victims believe that their loved ones died because of hot weather," he said. The Sindh health secretary, however, denied reports that any person died of heatstroke.

Meanwhile, the city experienced yet another very hot day on Monday as the mercury hit the 44 degrees Celsius mark.

Though Monday was the first working day of the week, people preferred to remain indoors while streets and markets wore a deserted look with thin traffic on roads. Loadshedding took place as usual in several parts of the city.

Responding to Dawn's queries, a Meteorological department official said the minimum temperature recorded in the city was 28°C. He added that the humidity was 17 per cent during the day and 7pc in the evening.

He said the weather in the city was expected to remain hot and dry on Tuesday and the maximum temperature would be around 42°C to 44°C.

The Met department in its heatwave alert issued on Monday said hot to very hot weather was likely to prevail in Karachi till Friday when the maximum temperature would be around 42°C to 44°C.

Cyclone developing

It further said potential cyclonic conditions were developing in the South Arabian Sea which, though did not pose a threat to the city, was being observed closely.

The Met official said the winds blowing from the north-western side (Balochistan) took the temperature up in the entire province.

The hottest place in the province on Monday was Chhor where the maximum temperature reached 46.5°C.

He said some other towns where high temperatures were recorded were: Mithi (46°C); Moenjodaro, Sukkur, Thatta (43.5°C); Badin, Jacobabad, Nawabshah, Rohri (43°C); Mirpurkhas (42.5°C); Dadu (42.4°C); Larkana, Padidan, Sakrand (42°C); and Hyderabad (41.5°C).

Exams postponed

The University of Karachi and the Board of Intermediate Education Karachi have postponed all exams till Thursday and Wednesday respectively in view of the hot weather.

A KU press release said, "The schedule for exams starting from Friday will remain unchanged." A notification issued by the BIEK said the exams will take place on Thursday as decided earlier.

(By Dawn Report Dawn, 17, 22/05/2018)

Mental health awareness

AS the 69th World Mental Health Awareness month, observed in a number of countries, comes to a close, the theme of fitness "for the mind and body" should prompt us to ask how we ourselves can take charge and keep healthy, exercise and nutrition being a crucial part of overall emotional well-being. A 2016 study utilised published data of mental illnesses to demonstrate how scientific approaches thus far have consistently underestimated the global burden of mental illness by more than a third. This places mental illness in first position in the global burden of diseases with cardiovascular and circulatory ailments at a distant second place. Further, the treatment gap for mental illness is almost 90pc in developing countries. The fundamentals of mental health and mental illness define mental disorders as emotional patterns, revealed by behavioural changes that are associated with distress or disability within society. It is well-documented that a background of prolonged violence and displacement worsens pre-existing mental health burdens of populations as has been apparent throughout Pakistan's historical narrative.

The shared experiences of violence through acts of terrorism and insecurity, disruption of societal structures, economic constraints, increasing unemployment and reduced access to care as people sink further below the poverty line all point to a country rife with political uncertainty seven decades on.

However, leaders in nutrition and fitness fields in many other parts of the developing world are using information and working with mental health professionals to promote health overall, keeping the focus on emotional hygiene. This, together with mental health screenings, can impact the emotional well-being of millions — through social media where possible — with local events connecting communities. However in Pakistan, the apathy shown by the authorities' lack of investment in public-sector service provision for mental health — for both patients and professionals — has to be overcome to reduce the human, social, and economic costs of mental illnesses in the country

(By Editorial Dawn, 08, 28/05/2018)

‘Every fifth person in Sindh dies of viral hepatitis’

Speakers at a seminar on Tuesday said every fifth death in Sindh was being caused by hepatitis B and C, or related complications, and 20 to 25 per cent population was infected with the deadly viral disease.

It was also revealed that in some areas of the province including parts of Karachi and most of the coastline of Sindh, around 30pc to 35pc people had been found infected with viral hepatitis. The areas in Karachi included Gadap and Kathore.

Speaking at a consultative gathering to observe World Digestive Health Day 2018 by Pakistan GI and Liver Diseases (PGLDS) at a hotel, leading gastroenterologists and hepatologists estimated that at least 20 million people in Pakistan were infected with hepatitis B and C amounting to 10pc of the country's population but that ratio of people with viral hepatitis was much higher in Sindh.

“The World Health Organization (WHO) has set the target of elimination of hepatitis B and C from the world by 2030 but keeping in view the state of affairs in Pakistan, Sindh in particular, it seems to be a far cry,” said Dr Shahid Ahmed, consultant gastroenterologist and patron of PGLDS in his presentation.

He said the government and private sector would have to make collaborative efforts on war footing to contain and eradicate it as it was easy to screen, diagnose and treat viral hepatitis these days.

Dr Ahmed said thousands of people were annually dying in the prime years of their age in Sindh whose lives could be saved by proper screening and treatment, “which is now very cost-effective, easy, and in the financial range of most people.

“Most patients of viral hepatitis never know about their disease until it gets into the chronic stage and badly damages the liver. If they are screened and diagnosed earlier, these patients can be properly treated and viruses of hepatitis B and C can be eliminated from their bodies.”

He offered complete support of his organisation in elimination of hepatitis B and C from the province, saying Sindh health ministry could seek their support and collaboration in elimination of the viral disease.

“We have hundreds of consultants and postgraduates who can help in containing it and its eradication.” Dr Sajjad Jamil said Pakistan had the second highest number of viral hepatitis patients after China. However, he added China had reduced the number of hepatitis B patients to only one per cent through affective vaccination while in Pakistan “nobody knows the actual number of hepatitis patients”.

“Tablets are available which can cure this disease up to 99pc and these drugs have negligible side effects,” he said, adding that the real challenge was to know the actual number of infected people and convincing them to get treated.

Dr Lubna Kamanai demanded the government make hepatitis screening certificate mandatory to be filed at the time of issuance of CNICs to citizens to know the actual number of patients infected with viral hepatitis in the country.

She also asked the government to arrange free screening of hepatitis B and C, which would allow people knowing whether they were infected as most of them were not aware about it till they turned chronic patients.

Registrar of Dow University of Health Sciences Dr Amanullah Abbassi said the Sindh government had not wound up the Hepatitis Control Programme.

(By Hasan Mansoor Dawn, 18, 30/05/2018)

Around 35% people in Sindh infected with hepatitis virus, say experts

Every fifth death in Sindh is being caused either directly by hepatitis B and C or by complications caused by them. Around 20% to 25% of the population in the province is infected with hepatitis B or C, while in some areas of the province, which also include Gadap and Kathore near Karachi and coastal areas of Sindh, around 30% to 35% people have been found infected with the viral disease.



Hepatologists and gastroenterologists shared on Tuesday these figures during a consultative meeting that was organised by the Pakistan GI and Liver Diseases Society (PGLDS) to observe the World Digestive Health Day 2018.

According to the experts, at least 20 million people in Pakistan are infected with hepatitis B and C, which amounts to 10% of the total population of the country. However, the ratio of hepatitis-infected persons is much higher in Sindh.

Punjab witnesses alarming surge in hepatitis patients

PGLDS patron and gastroenterologist Dr Shahid Ahmed said the World Health Organisation (WHO) had set the target of the elimination of hepatitis B and C from the world by 2030, however, keeping in view the state of affairs in Pakistan, especially Sindh, it seemed to be a far cry. "Government and private sector will have to make collaborative efforts on a war-footing to contain and eradicate this menace as it is easy to screen, diagnose and treat viral hepatitis these days," he added.

According to Dr Ahmed, thousands of people were annually dying young in Sindh due to hepatitis, whose lives could be saved by proper screening and treatment, which was now cost-effective and in the financial range of most of the people in Pakistan.

"Most of the patients of viral hepatitis do not know about their disease until its gets into chronic stage and badly damages their livers. If screened and diagnosed earlier, these patients can be properly treated and viruses can be eliminated from their bodies", the PGLDS patron maintained.

Dr Ahmed also offered the services of PGLDS experts to the Sindh health department for the eradication of hepatitis in the province. "We have hundreds of consultants and postgraduates as our members who are working [across] Sindh. They can play an active role in containing this", he said.

AKUH, health dept partner up to eliminate hepatitis C

PGLDS President Dr Sajjad Jamil from Liaquat National Hospital (LNH), Karachi said Pakistan had the second highest number of viral hepatitis patients after China. He added that China reduced the number of hepatitis B patients to only 1% through effective vaccination.

"Screening, diagnosis and treatment of hepatitis B and C is now very easy and cost-effective. Tablets are available which can cure this disease up to 99% which also have very little side effects", Dr Jamil said. He added that the real challenge was to know the actual number of infected people and convince them to start their treatment.

PGLDS Vice-President Dr Lubna Kamanai, gastroenterologist at LNH, demanded that the government make the hepatitis screening certificate mandatory at the time of the issuance of computerised national identity cards to citizens so that the government could know the actual number of patients infected with viral hepatitis in the country.

She also asked the government to arrange free-of-charge screening of hepatitis B and C in Pakistan so that people could know whether they were infected with hepatitis virus as in most of the cases, people become aware of the disease when they had become chronic patients.

Health dept to screen differently-abled children

Dow University of Health Sciences Registrar Dr Amanullah Abbassi claimed that the Sindh government had not wended up its Hepatitis Control Programme. He informed the meeting that the health department had been collaborating with the Aga Khan Hospital and non-governmental organisations for the elimination of viral hepatitis in the province.

(By Our Correspondent The Express Tribune, 04, 30/05/2018)

‘Brain-eating’ amoeba claims life of Karachi schoolgirl

The ‘brain-eating’ amoeba — technically called naegleria fowleri — has claimed the life of a teenage schoolgirl, making her the second victim who died in a short span of one month, health officials confirmed on Monday.

The officials said the single-cell microorganism had caused death to two people within a month. A 40-year-old man, who lived in Gulistan-i-Jauhar, was the first victim whose death was confirmed early last month.

“She is the second victim of the germ this year in Sindh and both cases are reported in the provincial capital,” said a senior official in the health department.

As it was feared with the advent of the current sizzling summer, naegleria fowleri has begun claiming human lives and the situation demands greater measures on part of the relevant authorities as the germ finds little resistance because of poor chlorination in most parts of the city.

Officials said the girl, a student of 10th grade, was brought to a private hospital on May 30 in a precarious condition from North Nazimabad. She died on Sunday. The death was confirmed with the cause to the provincial authorities on Monday, they added.

Dr Zafar Mehdi, heading the focal group for naegleria, said the victim would pray at home and the lethal amoeba might have attacked her during ablution.

“We have inspected samples of water being supplied in the neighbourhood and found insufficient traces of chlorine in it,” he added.

Chlorination is the key method to kill the germ and keep the life-taking disease at bay. Another way is to use boiled water while cleaning nose as the germ enters through the nasal cavity of its victim and attacks the brain.

Officials said the Karachi Water and Sewerage Board had been verbally informed about the absence of chlorine in the water that killed the teenager.

“Chlorination in the water being supplied to areas such as North Nazimabad, North Karachi and Nagin Chowrangi, is significantly insufficient,” said Dr Mehdi.

Last year, an official report shockingly revealed that most neighbourhoods of the city were being supplied with water not chlorinated at all. The situation in other districts of Sindh was even worse.

The focal group for naegleria in its various surveys collected samples of water and results showed that more than half of the city was supplied with water chlorinated much less than the desired levels. Even the teams found no chlorination at all at more than 90 per cent of the pumping stations of the KWSB risking the lives of millions in the teeming metropolis.

Officials and experts warned that coming monsoon could carry greater consequences as it would allow the germs getting breeding grounds in the shape of stagnant rainwater and water stored in tyres at shops and threaten life as it did two years ago when more than a dozen people died because of it.

(By Hasan Mansoor Dawn, 17, 05/06/2018)

Another case of Congo virus reported in city

This year's third case of Crimean-Congo haemorrhagic fever (CCHF) in Karachi was reported late Tuesday night after an 18-year-old patient, Farooq, was admitted to Jinnah Postgraduate Medical Centre (JPMC).

Speaking to *The Express Tribune*, JPMC Executive Director Dr Seemin Jamali confirmed that the patient tested positive for CCHF, commonly known as Congo virus. "The patient hails from Quetta," she said, adding that he was bleeding when he was brought to the hospital.

According to Jamali, Farooq arrived in Karachi a week ago and he had symptoms of the disease. He was admitted to a private hospital due to a high-grade fever before being shifted to JPMC.

The doctor added that the patient had been kept in isolation in an intensive care unit due to the contagious nature of the disease. "He is kept on a symptomatic treatment and platelets are being infused in addition with anti-viral medications."

Health experts sound Congo virus warning

Earlier this year, Sadiq Ali, 36-year-old resident of Lyari, died at Liaquat National Hospital due to complications of Congo virus.

Another patient who tested positive for Congo virus was successfully treated at JPMC this year and discharged, Jamali said.

Congo virus

CCHF is a viral disease typically spread by tick bites or contact with livestock carrying the disease. It can be spread among people via body fluids.

Symptoms of the virus include fever, ache in muscle, headache, vomiting, diarrhoea and bleeding. The symptoms start emerging in two weeks following the exposure to the disease.

NIH issues warning against Congo virus

The recovery process generally takes around two weeks after the onset. According to experts, humans and animal healthcare authorities and livestock handlers need to adopt precautionary measures to prevent the spread of the virus.

According to an advisory issued by the National Institute of Health, Congo virus is more rampant in Balochistan than other provinces. However, cases have been reported from all the regions of the country.

There is currently no vaccine available for humans and the only way to reduce infection is by raising awareness.

Medical practitioners advise avoiding close physical contact with CCHF-infected people, and wearing gloves and protective equipment while attending to them.

(By Mudaser Kazi *The Express Tribune*, 04, 07/06/2018)

Pakistanis with disabilities

THAT Pakistan spearheaded a global resolution for access to assistive technologies, passed on Monday at the World Health Assembly, is a worthy achievement. People with disabilities, the elderly and chronically ill are all entitled to productive and dignified lives, made increasingly possible with the advent of AT such as mobility devices, prosthetics and communication aids. But local policymakers need not rest on this laurel, for their advocacy on the world stage belies failures at home. Despite ratification in 2011, Pakistan has thus far failed to enact laws based on the UN Convention on the Rights of PWDs. Our 2006 Accessibility Code, which outlines public infrastructure standards, lies dormant. So too does a 2002 national PWD policy, which among other things would have introduced inclusive education. Despite

introducing Special CNICs some years ago, Nadra's offices and procedures remain too onerous for PWDs, as do simple tasks like accessing public transport, banking services (despite State Bank circulars to this effect) or work opportunities (despite existing quotas) — even social welfare departments are typically inaccessible. The litany of disappointments is unending.

Our most recent failure was the serious undercounting of PWDs in the 2017 census (about 0.5pc of the total population, whereas WHO estimates it is more likely near 15pc). This, despite disability experts lobbying for years on the need to improve the methodology used in 1998 for enumeration of PWDs, is an immense setback for inclusive development. How do policymakers expect to pilot programmes on AT, or IT accessibility (as per the recently unveiled Digital Pakistan policy) without accurate data? One way of rectifying this is to conduct district-level sample studies to gain a better picture of Pakistan's disability rate. Equally important, however, is actually implementing some of the deliverables mentioned above. (By Editorial Dawn, 08, 09/06/2018)

Fresh fruit juices, milkshakes found contaminated

People enjoy watermelon juice being sold by a street vendor, unaware of the health risks it might be carrying because of likely contamination.—Fahim Siddiqi/White Star



A recent study has showed alarming concentrations of heavy metals, especially lead, arsenic and cadmium, in fresh fruit juices and milkshakes being sold in various part of the city. Prolonged consumption of such tainted food products carries risks of chronic toxicity that can potentially affect physical and mental

growth, it says.

Titled Assessment of heavy metals in street-vended fresh fruit juices, Karachi, the research was conducted by Prof Moazzam Ali Khan and Dr Aamir Alamgir at Karachi University's Institute of Environmental Studies (IES). Under the study, 80 samples of juices and milkshakes were collected in Saddar, Quaidabad, Gulshan-i-Iqbal, Orangi Town, Shah Faisal Colony, Korangi, Federal B Area, Sohrab Goth, North Nazimabad and Malir between 2017 and 2018. Samples of these beverages made from sugarcane, mango, banana, orange, apple and watermelon, with samples of milk and water used in their preparation, were tested for arsenic, cadmium, chromium, iron, lead, nickel and zinc. "What drew our attention towards this subject was the large-scale consumption of street vended fresh fruit juices and milkshakes, an economical source of nutrition," said Dr Aamir Alamgir at the IES, adding that similar studies had been conducted in other parts of the country and they showed contamination in drinks.

High levels of lead, arsenic and cadmium found in samples collected in various parts of city

The most important findings of the research, he said, were high levels of lead, arsenic and cadmium in beverages. Citing WHO data, he said that exposure to these heavy metals in high concentration was linked to numerous diseases, including cancer. "For instance, children are particularly vulnerable to the toxic effects of lead and could suffer profound and permanent adverse health effects, particularly affecting the development of the brain and nervous system. "Long-term exposure to arsenic from drinking water and food can cause cancer and skin ailments. It has also been associated with cardiovascular diseases and diabetes," he said.

Elaborating, he said that though there could be multiple sources of contamination, the study indicated that water and milk being used for preparing these beverages were the main source of contamination as their samples contained higher levels of heavy metals. "The presence of heavy metals in high concentration showed that water is contaminated with industrial waste and the milking animals are being fed fodder grown on water mixed with industrial waste," he said, adding that contamination could also occur due to use of pesticides, unsafe fertilizer composition as well as use of polluted water and soil during crop cultivation. Some nutritionally important heavy metals such as iron, nickel, chromium and zinc are naturally found in fruits and vegetables in trace concentrations. Their presence in higher levels, however, posed serious threat to public health, he added. The WHO has set maximum permissible limits for toxic and essential heavy metals in the form of acceptable daily intake, for instance, lead (0.025 ppm) and arsenic (0.015 ppm). There are no WHO guidelines for iron, chromium, cadmium and nickel.

High levels of lead, arsenic

It found an alarming concentration of lead in sugarcane and watermelon juices; the minimum and maximum concentration of lead in sugarcane juices ranged between 6.64ppm and 8.652ppm with an average concentration of 7.858ppm whereas the minimum and maximum concentration of lead in watermelon juices ranged between 5.82ppm and 6.33ppm. "These values are crossing the maximum permissible limits for both fruit juices and water; 0.05ppm and 0.01ppm, respectively. The detected values of lead in fruit juices are extremely high as compared to the literature," the study says. One source of contamination in sugarcane juice, according to the study, could be the oil used in cane machines for lubrication. The least amount of lead was detected in apple juices, though its value also exceeded the daily intake limit. All samples of beverages showed elevated concentrations of arsenic and exceeded the maximum permissible limit (0.01ppm) for water. "The available guidelines and results in this study indicate that the concentrations of arsenic found in juices have the potential to affect health in case of acute exposure. However, long-term exposure to arsenic in low concentrations may cause disruption in cellular communication, diabetes, vascular and lung diseases and cancer," the study says.

The maximum value of arsenic was found in orange juice followed by mango milkshakes and apple juices. Levels of cadmium was found high in watermelon juices and mango milkshakes, but were either below detectable limits or not detected in other beverages. The highest mean value of chromium was found in mango milkshake and lowest in orange juice whereas its level was below detectable limits in apple juice. Lower concentrations of chromium were found in other juices. "The study shows alarming concentrations of lead, arsenic and cadmium in all samples, exceeding the guidelines for heavy metals in juices and water. Although, there is no guideline for iron, significant concentrations of iron were also found. "There is a toxicity risk due to exposure for a long period of time. Apart from milk and water, other sources of contamination could be low grade artificial colours and additives," it says.
(By Faiza Ilyas Dawn, 17, 11/06/2018)

Civil Hospital surgeon among four linked with TTP arrested

The Counter-Terrorism Department on Wednesday claimed to have arrested four suspects, including a government doctor, for their alleged involvement in helping and treating militants linked with the banned Tehreek-i-Taliban Pakistan (TTP).

CTD SSP Junaid Ahmed Shaikh said that the police arrested Dr Abdul Rehman, an orthopaedic surgeon at the Ruth Pfau Civil Hospital Karachi, and Mufti Malik Rizwan in Gulshan-i-Iqbal when they were collecting donations in a mosque.

"The held suspects were generating funds for the banned TTP," he claimed. "They had got militancy training from Afghanistan."

The CTD alleges the doctor along with an aide was generating funds for the banned outfit

He said Rehman was a qualified doctor and an "active" TTP worker. He had completed his MBBS from a medical university in Bahawalpur and later he specialised in orthopaedics.

"He has remained involved in secretly treating wounded terrorists and was arrested after constant monitoring," the SSP added.

Path to militancy

Dr Rehman originally hailed from Ghotki, where his father worked in a bank.

He studied up to intermediate in his home town and later got admission in the Quaid-i-Azam Medical College Bahawalpur where he completed his MBBS in 2001. He specialised in orthopaedic surgery in 2015 from the College of Physicians and Surgeons of Pakistan.

He told interrogators that he developed friendship with a college student, Shah Faisal, who was Jamaatud Dawas's chief in his college. He started attending religious programmes at the medical college and after completing his degree he got "militancy training" on the insistence of Mr Faisal, claimed the SSP.

He told the CTD that his parents were not aware of his activities. He did house job at the Victoria Hospital in Bahawalpur. Subsequently, he passed the Sindh Public Service Commission exam and was appointed as government doctor in Khanpur in 2007.

After specialisation, he was posted at the orthopaedic ward of the Dr Ruth Pfau Civil Hospital Karachi.

He disclosed that he used to “officially” visit the Karachi Central Prison after a gap of two months for treatment of prisoners where in 2014 he met a TTP inmate, Amin Shirin, who was suffering from backache.

He developed friendship with him and “facilitated and provided logistics to militants in the prison”, claimed SSP Junaid.

He added that the police informed the hospital administration and the Sindh health department about his activities before his arrest.

Regarding suspect Mufti Rizwan, the CTD SSP said that he originally belonged to Mansehra and studied up to intermediate in Karachi. Later he studied at a famous seminary and memorised Quran. He also completed courses for religious scholar and mufti from the seminary in Karachi and started teaching.

He told the interrogators that he developed friendship with a seminary student who had links with the TTP in Orakzai Agency. He went there in 2009 and met with the TTP leadership. He said he did not inform his family about the real purpose of his visit.

In 2011, he went to South Waziristan for getting militancy training.

He told the interrogators that his elder brother, Zafar Iqbal, was also associated with the TTP and with his help he visited Afghanistan.

Mufti Rizwan informed the investigators that he remained the prayer leader at different mosques in the city's posh areas, including Defence and Karsaz.

Separately, the CTD arrested two suspects — Hameedullah and Inam Dad — in Machhar Colony and recovered two pistols from them.

“They belong to the TTP's Wali Mohammed group,” the CTD SSP said, adding that they were planning an attack when they were arrested on spy information.

‘MQM-H man’ held

In another action, the CTD arrested suspect Shafiquddin alias Kala, said to be associated with the Mohajir Qaumi Movement-Haqiqi.

“Shafiq was involved in a deadly attack on a Rangers team in Korangi on June 6, in which one personnel was killed and two others injured,” said the SSP. “He belonged to the MQM-Haqiqi and was involved in 23 criminal cases in Korangi.”

(By Imtiaz Ali Dawn, 17, 28/06/2018)

Pregnant women missing out on health benefits of exercise, says study

The majority of would-be mothers in Pakistan are missing out on the significant health benefits that come from regular exercise mainly because they wrongly believe that physical activity could harm the baby, says a research by the Aga Khan University (AKU).

Titled Household chores as the main source of physical activity: Perspectives of pregnant Pakistani women, the research studied the lifestyles of over 450 would-be mothers.

It found that just over one in three women (36 per cent) were physically active during pregnancy with just 3pc of those surveyed set aside up to 30 minutes per day for sport or exercise.

The majority of women, 86pc, reported that they spent their leisure time in sedentary activities such as watching television.

“There is a misconception that exercise can cause harm to the baby,” says Dr Zahra Hoodbhoy, a senior instructor in paediatrics and child health at AKU.

“Most women are told to rest and to adopt a healthy diet during pregnancy but they are rarely informed about the value of exercise. Our study found that very few mothers-to-be were aware of how physical activity could contribute to their health and well-being.”

Guidelines from global obstetrics bodies recommend that pregnant women, who are not at risk of complications, can engage in up to 30 minutes of exercise on most, if not all, days.

Exercise is good for expecting mothers as it improves cardiovascular health, protects individuals from contracting diabetes or hypertension during pregnancy and limits weight gain and reduces the risk of postpartum depression.

There are also important health benefits for the baby as it boosts blood circulation, lowers the chance of foetal distress during labour and has been proven to have no impact on foetal growth.

Researchers found that the predominant type of physical activity for women during pregnancy was their engagement in household work and taking care of elderly relatives.

They noted that while any physical activity is beneficial, pregnant women need to think differently about exercise. Since expecting women are generally very keen to learn about ways to stay healthy during pregnancy, the research team also called on doctors and family members to remind mothers-to-be about the benefits of exercise.

The study also found a number of social and physical barriers that prevented women from exercising more regularly. The most common concerns were a lack of support from peers and relatives, poor access to affordable facilities and concerns about safety.

“A lot of women said there are not enough facilities available to them even if they did want to exercise,” says Dr Romaina Iqbal, an associate professor in community health sciences at AKU and a co-investigator on the study.

“In many communities there aren’t sidewalks to walk on and there are no parks where women feel safe to go on their own. Stray dogs also present a safety risk.

“These challenges call for a multisectoral approach to promoting exercise during pregnancy. Besides creating awareness among women, we also have to address the environmental barriers that keep women from getting the physical activity.”

The study was funded by the Pakistan Medical and Research Council.
(By The Newspaper's Staff Reporter Dawn, 18, 28/06/2018)