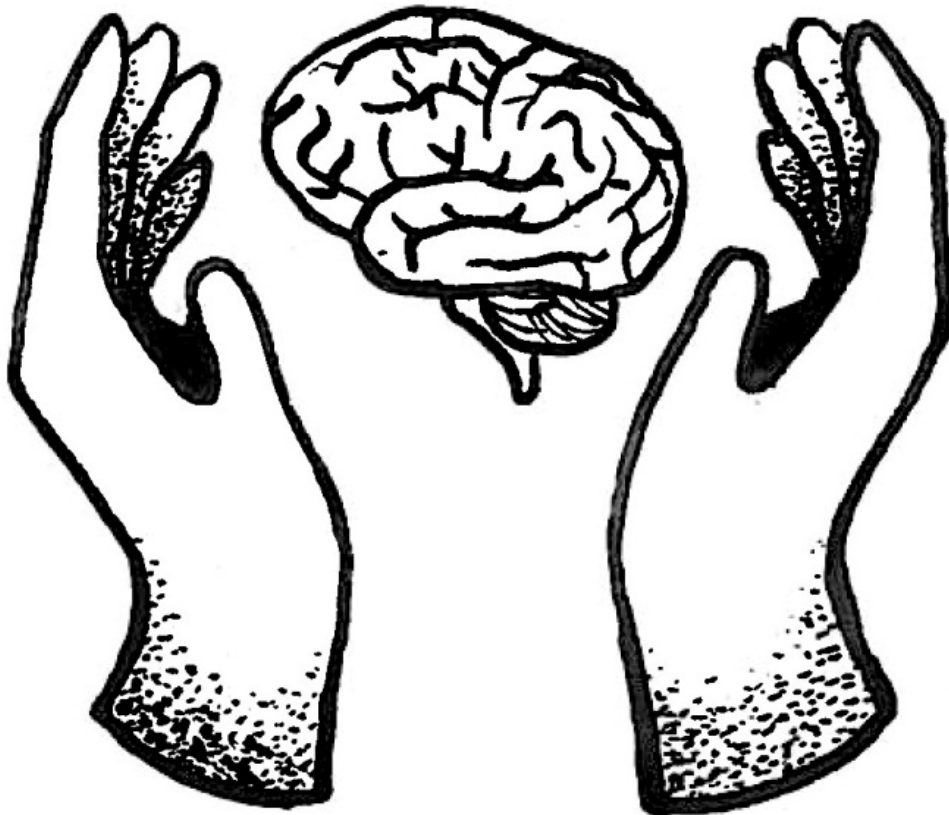


NEWSCLIPPINGS

JULY TO DECEMBER 2025

HEALTH



Urban Resource Centre

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Dengue season

WITH the monsoon season underway in Pakistan, the threat of another dengue outbreak hangs over us. The warning signs are here: Sindh logged its first dengue-related casualty with the death of a young male patient at the Sindh Infectious Diseases Hospital. In June, Karachi recorded 32 new dengue incidents, with single cases in Mirpurkhas and Sukkur. This year, Sindh reported 295 dengue cases; 260 of these were from Karachi. While the June count is significantly lower than in the past four years, the health authorities cannot afford to let their guard down. Besides, climate change has altered the pattern of vector-borne infections as well as engendered new temperature-resilient mosquito species. Without a sustained, comprehensive programme, timely precautions and mass awareness, annual surges will be difficult to block.

In 2017, KP set an example by seeking help from the Punjab government, which had fought a dengue epidemic in 2011 with a remarkable strategy involving collaboration between Pakistani, Indonesian and Sri Lankan medical experts. New regulations were enforced to thwart the seasonal health emergency. The time has come for Sindh to follow suit. The province must prioritise the public's well-being and implement an upgraded version of the Punjab template, alongside carrying out extensive fumigation drives as well as providing skilled medics and medicines to ease symptoms and avoid critical cases of low platelet counts. The fact that Punjab has been dengue-clear through June shows that through early directives and heightened public and administrative alertness, it has managed to contain the disease, which is laudable. To ensure that the populace does not have to endure repeated bouts of agony, deterrence initiatives must at the very least keep pace with mosquito breeding. Access to hygienic living conditions and cost-free dengue tests is the antidote to the *Aedes aegypti* mosquito that thrives in fresh water.

(By Editorial, Dawn, Editorial, 06, 02/07/2025)

Hoarders creating artificial shortage of medicines

The metropolis, already reeling from crises like water, gas, and electricity shortages, broken roads, and crime, now faces a looming shortage of life-saving medicines.

The Drug Regulatory Authority of Pakistan (DRAP) Sindh has decided to launch a crackdown against hoarders responsible for creating an artificial shortage of medicines in Karachi.

As part of the operation, drug inspectors have begun monitoring the drug market. According to the regulatory authority, the availability of all medicines in the market will be ensured, and strict action will be taken against those involved in creating artificial shortages.

DRAP Sindh Head of Operations Dr Ubaid Ali told The Express Tribune that attempts are being made to create an artificial shortage of medicines in the market. He warned that no one will be allowed to play with human health and life.

He added that life-saving drugs are being deliberately made scarce in Karachi, and the authority's inspectors have begun monitoring the situation. He said that uninterrupted supply of all registered medicines in the city should be ensured.

Furthermore, Dr Ubaid Ali revealed that DRAP issued a notification July 8, highlighting the persistent unavailability of essential and life-saving medicines in Karachi. The shortage has posed a serious threat to patients, causing widespread distress and concern.

All relevant registration holders have been instructed to ensure the uninterrupted supply of registered medicines. Failure to comply will result in strict legal action against those responsible for artificial shortages or non-availability of drugs.

The DRAP notification also urged manufacturers and importers to review their supply chains and ensure the timely and continuous availability of all registered medicines.

(By Tufail Ahmed The Express Tribune, 04, 10/07/2025)

Medicine crisis

Karachi's residents are no strangers to hardship. The city is constantly braced against an unending tide of civic failures - from crumbling infrastructure to prolonged outages of water, gas and electricity. But perhaps the cruelest of crises is now unfolding in its pharmacies: a deliberate, profit-driven shortage of essential medicines.

The very drugs that help keep patients alive are now vanishing from shelves, not due to supply chain disruption or manufacturing lapses, but because of hoarders seeking to inflate prices. This orchestrated scarcity is not just unethical — it is criminal. It represents a blatant disregard for human life in the pursuit of profit. In response, DRAP has launched a crackdown, pledging to restore medicine availability and punish those responsible.

Drug inspectors are now monitoring markets, and registration holders have been warned to ensure uninterrupted supply or face legal action. But if history is any guide, this effort is going to be short-lived. Regulatory crackdowns in Pakistan are often reactive and performative. The hoarders know this — and they count on it. Once the headlines fade, so too does the resolve to hold the culprits accountable.

The government must break this cycle of impunity. Cosmetic crackdowns will not solve the crisis. What is needed is sustained regulatory oversight, transparency in pharmaceutical distribution, and public prosecution of those who play with human lives for profit.

Most importantly, the state must prove that it values its citizens more than the profit margins of a few. Access to medicines is not a privilege but rather a basic right. When this right is held hostage by greed, the state must respond with the full force of the law. Karachi's ailing cannot be left to suffer in silence while opportunists enrich themselves on the backs of the sick.
(By Editorial, The Express Tribune, 14, 11/07/2025)

Study documents 'first case' of rabies transmitted by cow

A study published in an international journal reported the first case of cow-transmitted rabies, which affected a young farmer whose life was saved through timely medical intervention at Karachi's Indus Hospital in 2024.

The study — A rabid cow bites the hand that feeds it — is published in International Journal of Infectious Diseases (IJID).

According to the study, an 18-year-old farmer was bitten on the hand and thumb by his cow while attempting to feed it. Fortunately, being aware of the risk of cow-transmitted rabies, he reported on the same day to the hospital's Rabies Prevention and Training Center (RPTC).

The victims' wounds were serious, requiring administration of rabies immunoglobulin (RIG) — a medication used to prevent rabies following exposure, in combination with a rabies vaccine. However, the medication, the study says, was "deemed unnecessary" because the farmer had been "reliably" immunised four years back when he was bitten by a dog. Hence, he received only the vaccine doses that helped him develop antibodies against the virus.

At discharge, he was instructed to keep the cow under observation and report any changes in its behaviour. Three weeks after the bite, the farmer reported to the clinic that the cow was behaving "strangely" and died a few days later.

"The Dow University of Health Sciences received a report of a possible rabid cow and sent out a team of workers to decapitate the cow's head for rabies studies, whereas the rest of the body was buried deeply. Reverse transcription-polymerase chain reaction from brain tissue was positive.

"Villagers further verified that the cow had been bitten by a stray dog some days previously but were unable to verify if the same dog had wounded other animals or persons," the study says.

Rabies is an ancient viral zoonotic disease caused by the Lyssavirus, transmitted to humans through the bite of an infected animal, typically a dog, and 100 per cent fatal without timely and appropriate post-exposure treatment.

An estimated 60,000 people die from rabies worldwide each year but data collection in low-and-middle-income countries is lacking. Most rabies deaths occur in rural areas where victims often succumb to fatalism, resorting to alternative medicine as a final attempt at a cure, yet ultimately passing away.

Unusual case

According to experts, Pakistan is among the countries in Asia that are endemic to rabies; unfortunately, very few centers are equipped to provide proper post-exposure prophylaxis (PEP) for animal bites.

The rabies virus potentially infects all warm-blooded mammals, with varying susceptibility among species. Livestock are affected by rabies worldwide in unknown numbers, mainly through bites from rabid dogs or carnivorous wildlife.

"Bovine rabies is not uncommon. Previous reports from villagers have indicated cases of rabies in livestock, with documented deaths among cows, buffaloes and donkeys. But, this is the first as far as I know of a person being bitten by a rabid cow," shared Dr Naseem Salahuddin, lead researcher and author of the study, also heading the infectious diseases department at the hospital.

Rabies in cattle, she pointed out, was a serious concern in Pakistan due to its impact on livestock health and potential zoonotic transmission to humans.

"This case should serve as a wake-up call for the authorities to control rabies in rural areas where livestock is a crucial agricultural sub-sector for generating income. Cattle dying of rabies deprive farmers of their livelihood," she said, adding that the cow with proven rabies, in this particular case, could have been deadly for the victim had he neglected to seek treatment or received substandard treatment.

In Pakistan, the study says, livestock contributes 37.5 per cent of farm value and about 9.4pc of the country's gross domestic product. For many rural households, agricultural and livestock commerce serves as their lifeline, providing security against drought. Approximately 35 million people are engaged in livestock-related activities, earning around 40 per cent of their income from this sector.

"This case report exemplifies the presence of bovine rabies in Pakistan affecting humans, which has not been reported earlier. Many cases of animal rabies may have gone undetected and warrant vigilant surveillance. Moreover, the loss of livestock to rabies must be addressed, and human and animal anti-rabies vaccines must be instituted through government support," the study says.

It also emphasised the need for strengthening emergency departments by training healthcare workers and equipping them with required doses for rabies immunoglobulin and vaccine.

In 2013, 13,330 animal bite cases were reported at the Indus Hospital. Of these, 12,524 (94pc) cases involved dog bites whereas the remaining 806 cases (6pc) were attributed to bites from other domestic animals, including cats, donkeys, horses, and cows.

Symptoms of bovine rabies include excessive salivation, altered behavior, excitability and mania, which can progress to motor paralysis and death.

(By Faiza Ilyas Dawn, 13, 12/07/2025)

Gender-based crimes directly impact maternal health, experts say

Expressing serious concern over the escalating violence against women, especially female healthcare providers, experts representing the Society of Obstetricians and Gynaecologists Pakistan (SOGP) on Saturday demanded that the government bring the perpetrators to justice and address systemic failures.

"We strongly condemn the rising incidents of gender-based violence, including the murder and torture of female doctors. These crimes have a direct impact on maternal health, increasing both maternal mortality and morbidity rates in Pakistan," SOGP President Dr Rubina Suhail told a press conference here at a local hotel.

She noted that the disturbing trend of honour killings and violence reflected a deep-rooted culture of impunity and silence in the country.

"We call upon the government and the judiciary to take immediate notice of this lawlessness. The survivors and their families must receive legal protection and psychosocial support," she added.

Referring to a recent report compiled by the Sustainable Social Development Organisation, which mapped gender-based violence in Pakistan in 2024, Dr Suhail said that a staggering 32,617 cases of gender-based violence were reported nationwide.

"These included 5,339 incidents of rape, 24,439 cases of kidnappings/abductions, 2,238 cases of domestic violence and 547 honour killings," she said, adding: "Punjab recorded the highest number (26,753), followed by Khyber Pakhtunkhwa (3,397), Sindh (1,781) and Balochistan (398), where 185 kidnapping cases were registered but not a single conviction was reported."

The data, sourced from provincial police departments via Right to Information (RTI) laws, also highlighted 5,398 cases of child sexual abuse from 2019 to 2023, she added.

Speaking on the occasion, SOGP Secretary General Dr Shabeen Naz Masood cited multiple incidents in which female healthcare providers at work were threatened and attacked by patient attendants.

"Such incidents are extremely demoralising and disheartening in a society where women are struggling to survive with dignity. They leave a long-lasting negative impact on the whole society," she said.

Dr Masood also criticised the role of the media, saying it often highlighted stories without conducting proper investigations into the alleged cases of medical negligence.

"One-sided stories damage the reputation of the other party. We are deeply upset when we read fabricated stories without taking the opinion of the concerned doctors. What's perhaps more unfortunate is the state's missing role. There is no helpline available to us where we can immediately report incidents of harassment and attack," she said.

When asked how frequently she encountered female patients facing physical violence at home, Dr Masood said almost every fourth patient complained of one or the other form of physical, verbal and sexual abuse by the spouse or in-laws irrespective of education or socioeconomic status.

The speakers also called for state measures that could help elevate the status of women in society.

Dr Nusrat Shah and Dr Shahid Rao also spoke.

(By Faiza Ilyas Dawn, 13, 13/07/2025)

Vaccine paradox

PAKISTAN has recorded its highest-ever coverage of the DTP vaccine — protecting children against diphtheria, tetanus and pertussis — with 87pc coverage achieved last year. This is an encouraging figure and represents a rebound from the disruption caused by Covid-19. Across South Asia too, record high levels of immunisation have been reached, with the UN noting a significant reduction in zero-dose children. If this progress is indeed accurate — since number fudging during inoculation campaigns has been a problem — Pakistan should celebrate the achievement. Unfortunately, even as the country improves on key child immunisation indicators, it remains stuck as one of only two countries where polio remains endemic. Worse, with Afghanistan steadily progressing, Pakistan may soon hold the shameful distinction of being the world's only polio-prevalent country. That prospect alone should propel the government into action.

Health Minister Mustafa Kamal has rightly shifted from coercive policing practices to engaging community influencers so that they, instead, may persuade hesitant families. But this shift must be accelerated and fully resourced, especially in areas such as Bannu and parts of Balochistan where resistance to the polio vaccine persists. The role of religious scholars — as some senators have urged — should be formalised within the campaign strategy to dispel myths and conspiracies that continue to fuel refusals. The success in DTP coverage shows that Pakistan's health infrastructure can deliver, provided there is political will, sustained financing and smart partnerships. The same ingredients can, and must, be applied to the polio campaign before we stand isolated globally. If the state can mobilise to protect against pertussis, there is no excuse for failing to eliminate a disease that has been

eradicated almost everywhere else. The health ministry must seize this window to ensure that the end of polio in Pakistan becomes a reality, and does not remain a mere aspiration.
(By Editorial, Dawn, 06, 17/07/2025)

Experts link diabetes, high blood pressure to rising stroke cases

Emphasising the need for building better mental health, senior neurologists shared that diabetes and high blood pressure (BP) were the key drivers of rising stroke cases in Pakistan.

They were speaking at a briefing organised by the Neurology Awareness and Research Foundation (NARF) in connection with the forthcoming World Brain Day.

Led by the World Federation of Neurology, the day is dedicated to raising awareness on neurological disorders and promote brain health. This year's theme is "Brain Health and Wellbeing: A Priority for All".

Citing global statistics, the experts said the prevalence of neurological disorders had increased worldwide over the past 15 years and that the situation in Pakistan was far more serious.

"While comprehensive national data on neurological disorders isn't available, we can say (in the light of our clinical experiences) that the situation is far more serious in Pakistan where the masses are deprived of primary healthcare, lack basic awareness on health issues and the country face an acute shortage of health experts, and diagnostic and treatment facilities," NARF President Dr Muhammad Wasay said.

Answering a question, Dr Wasay said stroke cases had doubled in Pakistan in a decade and the key drivers were growing numbers of people with diabetes and hypertension.

"Uncontrolled diabetes and hypertension are major risk factors for stroke. Hence, public awareness on this subject is critical for prevention," he said, adding that there were only 400 neurologists in Pakistan, which meant that there was no neurologist in the country's 50 districts.

NARF General Secretary Dr Abdul Malik highlighted that the recent data showed that 43 per cent of the global population was affected by some form of neurological illness. "This is not just a number — it represents a serious challenge for every family. Having good mental health doesn't merely mean the absence of disease. It's the foundation of a positive, dignified, and well-balanced life."

The experts also pointed out that neurological disorders could strike at any age and that disease prevention began right from pregnancy. "Poor maternal and child health and lack of immunisation increase the risk of neurological disorders in children. Access to rehabilitation, physiotherapy and special education must be made widespread and affordable," observed Dr Wajid Javed.

(By Faiza Ilyas Dawn, 14, 19/07/2025)

New budget ignores woes of poor patients

The Sindh government has once again claimed improvements in healthcare, asserting increased health sector allocations while paradoxically achieving little in terms of improving patients' access to affordable healthcare.

Sindh's public hospitals, facing increasing patient pressure, had submitted a formal written request to the Sindh government for a substantial increase in grants in the annual budget.

However, the government rejected this request and instead allocated only an 8 per cent increase in grants for public hospitals. In contrast, a significant amount was allocated for NGOs working in the health sector, including public-private partnerships (PPP's) which were promised 50 per cent more funds.

According to sources of the Express Tribune, for the 2025-26 budget, the Sindh government has allocated Rs326.5 billion for the healthcare sector, which is a steady rise from the previous year's budget of Rs302.2 billion.

The budget for the People's Primary Healthcare Initiative has been increased from Rs12 billion to 16.5 billion, while the Gambat Institute's budget has been increased by Rs3 billion to 10 billion.

In essence, instead of improving the state of government hospitals, the Sindh government has allocated a total of Rs146.9 billion for over 60 NGOs operating under public-private partnerships, an increase from Rs90 billion.

Experts believe that this amount could have been used to provide health insurance to patients across Sindh, who remain deprived of adequate healthcare facilities. This is particularly imperative in a province where existing health facilities have seen no improvement in terms of bed capacity, despite annual budget increases.

At the Sindh Government Children's Hospital near Nagan Chowrangi, which operates under a Public-Private Partnership (PPP), Sabir, the father of 8-year-old Zohaib, shared his concerns. "The hospital staff and administration act as if the facility is privately owned. They often show a lack of attention toward patients and display a disrespectful attitude towards their attendants. It is a

common issue at PPP hospitals that essential medicines are frequently unavailable, and emergency services are often not provided during night hours. The attitude of doctors and staff is generally indifferent," said Sabir.

Senior photographer at a daily, Jalal Qureshi, shared his recent experience of taking his granddaughter to the emergency department of NICVD's children's unit, where the guard and staff behaved extremely rudely with his son-in-law. "When I attempted to report the incident to the hospital director, I learned that the emergency department had been handed over to an NGO under the PPP model. The NGO staff gave the impression that the facility was a private hospital, with guards and staff appointed at the NGO's discretion," said Qureshi.

"No new hospital has been established in Karachi in the past decade, while the bed capacity of existing hospitals has not been increased either. Even in hospitals like Civil, Jinnah, and Lyari, the number of beds remains the same as it was before. Despite the Sindh government increasing the budget for these hospitals every year, no measures have been taken to increase the number of beds. There is no accountability in this regard. Under public-private partnerships, the Sindh government has handed over buildings of public hospitals to various NGOs, which use electricity, water, and manpower free of cost. Although the Sindh government allocates significant funds to these NGOs in the annual budget, patients do not benefit from it," claimed Dr Nighat Khan, Chairperson of the Women Care Foundation.

Former Caretaker Health Minister of Sindh, Dr Saad Khalid Niaz opined that the same funds could have been used to offer health insurance to the people. "Despite the Sindh government's annual claims of improving the healthcare sector, poor patients still face difficulties in accessing treatment. The number of government hospitals in the metropolitan city is insufficient for a population of over 20 million," said Dr Niaz.

(By Tufail Ahmed The Express Tribune, 04, 21/07/2025)

Vector-borne diseases continue to plague the city

Where garbage dumps on roads and in alleys constantly expose residents to filth and unhygienic conditions, during the monsoon season, stagnant water on filthy streets acts as a breeding ground for flies and mosquitoes leading to the spread of various diseases.

According to Professor Dr Naveed Rab Siddiqui, an entomologist, Karachi is home to five types of flies: house fly, drain fly, flesh fly, blue bottle fly, and green bottle fly, which appear especially during the rainy season because it coincides with fruit cultivation.

"A house fly lays around 500 eggs every three to four days and carries germs that get transferred to food through their mouths and legs. This leads to contamination and causes various stomach-related diseases including diarrhea, dysentery, and cholera. With the onset of the monsoon in Karachi, the breeding of dengue- and malaria-carrying female mosquitoes has begun. The dengue and malaria season typically lasts from August to mid-December. Every year, the rainy season provides ideal conditions for the larvae to hatch from eggs laid by these mosquitoes. Insecticide spraying is essential to eliminate these mosquitoes," emphasized Dr Siddiqui.

Similarly, expert physician Dr Aftab Hussain told The Express Tribune that with the beginning of the monsoon season across Karachi and Sindh, there was a rapid increase in mosquitoes and flies responsible for causing diseases. "Mosquitoes spread dengue and malaria, while flies contribute to the spread of cholera. So far, neither the Health Department nor provincial or local governments have launched any spray campaign for drainage of rainwater or eradication of dengue. They have not taken any notable measures in Karachi over the past four years to carry out anti-dengue spraying," criticized Dr Hussain.

From 2020 to August 2024, more than 37,000 cases of dengue have been reported across Sindh, and 96 people have died from the virus in the last four years. According to statistics released by the Health Department's Vector-Borne Disease Unit, 4,318 people in Sindh, including Karachi, were infected with dengue in 2020, and 3 died. In 2021, 6,739 people were infected and 28 died. Despite this, no mosquito-killing spray campaign was launched in Karachi or elsewhere in Sindh. As a result, dengue worsened in 2022, infecting 22,274 people and causing 64 deaths. In 2023, 2,800 people contracted the virus, but no deaths were reported. So far in 2024, 892 dengue cases have been reported, with one death from Karachi's Central District.

Health experts have expressed concern that if no effective campaign is launched in the coming months of 2025, dengue could take a dangerous turn across Sindh by December 2025. Dengue wards are still not operational in government hospitals across the province, while treatment in private hospitals is extremely expensive and unaffordable for poor individuals.

District health officers in Karachi claim that they lack sufficient Vector-Borne Disease staff for fumigation. This staff does not report administratively to district health officers. Each district has only one or two personnel assigned, which is insufficient for a spraying campaign in Karachi.

Dr Mushtaq Shah, Director of the Dengue Control Program under the Vector-Borne Disease Unit, claimed that district health officers provided technical assistance to local governments for eliminating mosquitoes and the larvae that hatch from female mosquito eggs.

"The spraying campaign is under the supervision of the district health officers, and steps are being taken to launch it. In some areas, the campaign has already started," said Dr Shah. On the other hand, officials from the Health Department stated that dengue prevention wards and other facilities are gradually being made functional in government hospitals.

(By Tufail Ahmed The Express Tribune, 04, 21/07/2025)

Third centre for individuals with Down syndrome opens in Karachi

Chief Minister Murad Ali Shah opened the North Nazimabad chapter of Karachi Down Syndrome Programme (KDSP) — a non-profit organisation advocating for the value, acceptance and inclusion of individuals with Down syndrome — on Tuesday.

Built with the provincial government's support, the KDSP centre is the third purpose-built facility in Karachi, offering a range of essential services, including occupational, speech and physical therapy, as well as specialised educational programmes for younger children and vocational training for older students with special needs.

The ceremony was attended by parents, therapists, community leaders and volunteers, all celebrating a significant step forward in inclusive service delivery in the city.

In his address, the chief minister commended KDSP as one of the largest and most comprehensive institutions in the region, providing end-to-end support for individuals with Down syndrome and their families.

He remarked: "Karachi is home to more than 30,000 individuals with Down syndrome. This number is not just a statistic, it reflects dreams, challenges and talents. Institutions like KDSP are helping these individuals unlock their full potential with dignity and care."

CM Murad praises non-profit KDSP for addressing long-standing needs of children's families

The newly launched facility significantly enhances KDSP's capacity, increasing the number of therapy sessions provided annually from 30,000 to over 50,000.

The CM expressed gratitude to the organisation for addressing the long-standing needs of families, many of whom had been waiting for these services for years. "Today, those families are being welcomed here - not only with care but with the promise of brighter days ahead," he noted.

He reiterated his administration's resolve to strengthen public-private partnerships for disability support services, stating, "We are committed to strengthening support systems for persons with disabilities, ensuring their rightful place in society."

He emphasised that progress should be evaluated not only through economic growth but also by the compassion demonstrated towards vulnerable populations. "KDSP stands as a shining example of what can be achieved when a community comes together with heart, purpose and vision," he added.

The chief minister highlighted the urgent need for such centres in district Central, noting that 80 children have already been enrolled at the KDSP centre, which has the capacity for an additional 150 children.

Emphasising the importance of expanding these facilities, he requested the establishment of similar centres in Hyderabad and proposed a deadline for this expansion by December, assuring full government support to initiate the work immediately.

He offered to provide any required space for KDSP in the Inclusive City, where shared facilities would be offered to all children, including those with autism.

Mr Shah assured that the government would assist with setting up infrastructure, urging donors to come forward. Additionally, he mentioned that a Down Syndrome Centre was also being established in front of the Aga Khan Hospital.

Acknowledging the collaborative efforts, he stated that this work cannot be accomplished solely by the public sector and that the involvement of the private sector is essential. "There is no shortage of funds; we need willing individuals," he remarked.

Speaking on the occasion, Sharjeel Memon said that he is always available to serve as a volunteer for special children and emphasised the need for taking further steps for their welfare. He added that the credit for this project goes to the CM, who has taken significant initiatives in this regard.

He praised the work being done at the autism centres and urged the media to highlight their positive aspects so that more parents can become aware and benefit from these services.

Approximately 300,000 children in the country are affected by Down syndrome and there is urgent need for dedicated centres for their care and support, he said.

(By Newspaper's Staff Reporter, Dawn, 13, 23/07/2025)

Aseefa gets feedback during visit to Sindh govt hospitals

First Lady and MNA Aseefa Bhutto-Zardari visited two government hospitals in the metropolis on Thursday and interacted with patients' families to gather feedback on their experiences, service quality, and staff behaviour.

According to a press release issued by the media cell of Bilawal House, the first lady visited the Sindh Institute of Child Health and Neonatology's Mother & Childcare Hospital in Azam Basti and the Children Hospital in Korangi No 5.

She was accompanied by Sindh Health Minister Azra Fazal Pechuho and Karachi Mayor Barrister Murtaza Wahab. At the Azam Basti hospital, they were joined by Local Government Minister and president of PPP Karachi division Saeed Ghani.

During the visit, Ms Bhutto-Zardari toured various departments, interacted with on-duty staff and doctors and met with parents of young patients receiving care.

The press release stated that the patients “expressed their appreciation for the tireless efforts of the medical teams and acknowledged the Sindh government’s dedication to improving maternal and child healthcare services in underserved areas of Karachi”.

She lauded the provision of free-of-cost treatment for neonates, infants and children, along with the specialised healthcare services offered under the growing network of the Sindh Institute of Child Health and Neonatology (SICHN).

“The dedication seen here today reflects a promising future for the health of our nation’s children and mothers,” Ms Bhutto-Zardari said.

With four centres in Karachi and others in Sukkur, Nawabshah and Larkana, the SICHN network served as a powerful reaffirmation of the government’s continued focus on free of cost, equitable, accessible, and high-quality neonatal and paediatric care, she added.

(By Dawn Reporter, 13, 25/07/2025)

Over 400 employees at Sindh Govt Children's Hospital unpaid for 4 months

Over 400 employees at the Sindh Government Children’s Hospital in Karachi, operated under a public-private partnership, have reportedly gone unpaid for the past four months. Staff members have warned the administration that if their salaries are not disbursed by August, they will launch protest demonstrations.

Speaking to *The Express Tribune*, hospital administrators confirmed the delay in salary payments. They assured that pending dues would be cleared next month, adding that the hospital’s budget is currently in process and expected to be released within the coming week.

The Sindh Government Children’s Hospital was inaugurated in 2004 by former prime minister Benazir Bhutto. Initially managed by the provincial health department, the hospital began as a 50-bed facility built on 16 acres of land. Despite its promising start, the hospital has long struggled with poor infrastructure, limited services, and frequent staff protests.

In 2013, a new building was constructed with support from the Japan International Cooperation Agency (JICA), making it a unique facility among pediatric hospitals in the city. At the time, the provincial government allocated Rs100 million annually, allowing the hospital to offer extended services into the night.

However, in October 2016, management of the hospital was handed over to a non-governmental organisation (NGO) under a public-private partnership agreement. The annual budget was subsequently increased to Rs440 million. According to the health department, the hospital will continue to operate under this arrangement until October 2026, after which its future will be reviewed.

Since the transition to private management, the hospital has faced repeated delays in salary disbursements, leading to at least ten staff strikes and multiple temporary shutdowns. Between 2004 and 2025, the hospital has failed to conduct any major pediatric surgeries and primarily treats common childhood illnesses.

Currently, over 300 staff members work under the NGO, while 65 employees—including the Medical Superintendent—remain under the provincial health department’s jurisdiction.

Rabia, a parent visiting the facility, told reporters that children with complex medical conditions are routinely referred to the National Institute of Child Health (NICH) or Civil Hospital, as the Children’s Hospital lacks the surgical infrastructure to treat complicated pediatric cases.

(By Tufail Ahmed The Express Tribune, 04, 25/07/2025)

Unpacking the health budget

NATIONAL budgets are not just numbers. They reflect the national vision and priorities.

A general view about [budget 2025-26](#) is that it is a lost opportunity. With some macroeconomic stability and inflation under control, many economists think it was time to prepare a reformist budget. The government should have checked its own expenditure, given relief to the salaried class and reset national priorities.

Today, with almost half of Pakistan’s population below the internationally comparable poverty line and 16.5 per cent living in [extreme poverty](#), and with over 25 million children out of school and 40pc suffering from stunting, it’s not rocket science to work out where the needs are and where public money should be spent. Sadly, it is no wonder that Pakistan’s Human Development Index ranking has been declining consistently over the last 10 years. We ranked 147 in 2015; according to this year’s report, we’ve plummeted to 168 among 193 countries.

Against this backdrop, let’s look at health budget 2025-26, with the knowledge that Pakistan is among the lowest spenders on health. To put things in perspective, according to the World Bank, domestic general government health expenditure per capita in international dollar terms in 2022 in Pakistan was 68.11; in the same year, it was 475.01 in Iran, 245.91 in Sri Lanka, 623.19 in China, and 106.83 in India. To meaningfully progress towards achieving universal healthcare (UHC), governments need to spend

at least 5pc of GDP. Pakistan's spending hovered around 1pc in 2022, whereas in the same year Iran spent 2.63pc, Sri Lanka 1.76pc, China 2.95pc and India 1.29pc.

Pakistan is among the lowest spenders on health.

At the federal level, the combined non-development and development budget for the Ministry of National Health Services has been cut from Rs54.87 billion in FY 2024-25 to Rs46.10bn in FY 2025-26 — a reduction of Rs8.77bn. More importantly, the non-development budget, which mainly goes towards salaries, has been increased from Rs28bn to Rs32bn, whereas the development budget has seen a huge 47pc cut — down from Rs27bn to Rs14bn.

In Balochistan, where needs are dire, the health budget has increased by only 6pc from the previous year to Rs87bn. This is a province with serious political unrest and economic problems, where educated young people have joined the uprising because of lack of opportunities and public services. According to an official estimate, 60pc of primary healthcare facilities in the province are without medical officers, and in some districts up to 75pc of children are not routinely immunised. Of all the provinces, Balochistan is the worst off in terms of UHC Service Coverage Index, which is 40 on the scale of zero to 100. In some districts, it is as low as 18. The SCI is calculated by measuring the coverage of 14 basic health services. In this budget, Rs4.5bn are allocated for the Health Card Programme. There is almost doubling of the budget for PHC in Balochistan in relative terms, which is appreciable.

The KP government has allocated Rs276bn to the health sector in the current budget, which is a 19pc increase from the previous year. The allocation for the Sehat Card Plus programme has been increased from Rs28bn to Rs35bn, with an additional Rs6bn for the merged districts. The programme is universal, with coverage of the broadest spectrum of treatments, even including bone marrow transplants and cochlear implants. The PHC, however, remains underserved in the province. With 80pc of the province's population living in the rural areas, according to the 2023 census, strengthening PHC in these areas and expanding health insurance to PHC in the private sector should be prioritised. In my view, the Sehat Sahulat programme in KP needs serious rethinking in terms of its universal coverage at the tertiary level and no coverage at the PHC level in the private sector.

The Sindh government has increased its health budget by almost 7pc, from Rs347.57bn to Rs371.87bn. Out of this, the non-development budget is 87.7pc, ie, Rs326.5bn, with only 12.3pc remaining for the development budget, ie, Rs45.37bn. The development budget increase is less than 1pc compared with the previous financial year. Sindh continues with its heavy focus on high-cost tertiary-level care, rather than on low-cost and long-lasting preventive care at the PHC level. Tertiary hospitals, mainly in Karachi, are serving people well, but unless the prevention of diseases becomes a financial priority, we'll continue to mop the floor. Governance and misuse of allocated funds, for both the recurrent and development budget, continue to be huge challenges for Sindh.

Punjab has substantially increased its health budget to Rs630.5bn from Rs539bn last year — ie, an increase of Rs91.5bn or almost 17pc. Out of this, Rs181bn are for the development budget. While it is an impressive increase, Punjab has three major healthcare issues. First, it continues to spend high amounts on tertiary care and pays relatively less attention to PHC. Secondly, inequity in healthcare is a big issue in the province. Most new schemes are in Lahore, and this time there is a hefty allocation of Rs109bn for the establishment of a medical district in Lahore, which the government call its flagship initiative. According to a district-level analysis in 2024 by the Ministry of National Health Services, per capita government health expenditure in Lahore was above \$70, but less than \$1 in 24 out of 36 districts in Punjab. These figures speak for themselves. The third issue is that everything in Punjab is unabashedly and heavily politically motivated. Left, right and centre, everything is in the name of the chief minister. There was an attempt even to change the name of the Jinnah Institute of Cardiology, but then better sense apparently prevailed.

Seemingly, there has been increase in the health budget all around, but this is still far less than desired keeping in view the public health crisis in the country and the minimum required to achieve UHC. Our priorities continue to be lopsided in healthcare spending. We are ready to spend heavily on transplants and cancers but not appropriately on preventing non-communicable diseases and organ failures. Last, but not least, governance issues and lack of population control will continue to drown all our efforts, even increasing budgets, to improve health in Pakistan.

(By Zafar Mirza Dawn, 06, 25/07/2025)

Dengue claims year's first life in Sindh

The Sindh health department on Saturday reported the province's first dengue-related death of the current year in the metropolis. According to officials, the female patient was under treatment at a private hospital. She passed away on Friday.

They said that she was 48 years old and a resident of district East.

"The patient was admitted to the hospital on July 23 and tested positive for dengue the same day. She also had underlying health conditions, including diabetes and a urinary tract infection, which contributed to complications in her case," says a press statement.

Over 400 cases reported across province

So far, over 400 cases of the mosquito-borne viral infection have been reported across the province, with the majority emerging from Karachi.

The department has urged citizens to take preventive measures, including using mosquito repellents and ensuring regular fumigation in homes.

According to experts, there is no specific treatment for the illness, and early detection and access to proper medical care greatly lower fatality rates of severe dengue.

“Most people with dengue have mild or no symptoms and will get better in one to two weeks. Rarely, dengue can be severe and lead to death. If symptoms occur, they usually begin 4–10 days after infection and last for 2–7 days. Symptoms may include high fever, severe headache, pain behind the eyes, muscle and joint pains, nausea, vomiting, swollen glands and rash,” according to the WHO website.

(By Newspaper's Staff Reporter, Dawn, 13, 27/07/2025)

SHC CJ visits cancer treatment facility at JPMC

Sindh High Court Chief Justice Muhammad Junaid Ghaffar on Saturday visited the radiation oncology section of the Jinnah Postgraduate Medical Centre (JPMC).

The department is being run in a public-private partnership between the Patients' Aid Foundation (PAF-JPMC) and the provincial government.

According to a press release issued by the Chief Minister House, PAF-JPMC board members Mushtaq Chhapra, Shabbir Diwan and Prof Tariq Mahmood briefed the chief justice about the Cyberknife facility.

He was informed that it was the best and one of the safest ways to treat different forms of cancer. Three radiation therapy systems have been installed at the hospital in 14 years, reducing the treatment time from 150 minutes (in 2012 when the equipment was first installed) to 23 minutes in 2024.

It was also shared that the JPMC presently runs two tomotherapy units while the Bilquis and Abdul Sattar Edhi Breast Radiation Bay — equipped with two more tomotherapy units and the surfaced guided radiotherapy option — would be operational by the end of this year.

According to officials, this unit would be the first of its kind in the country where breast cancer patients requiring radiation would be treated only in five sessions instead of 16 or 28 sessions, as is current practice, due to the new technology's precision. This section would have only female staff and treat up to 160 patients a day.

“Justice Ghaffar expressed appreciation for the visionary collaboration of PAF-provincial government and the generous contributions of donors, which have made people's access to this costly technology possible.

“He was of the view that other public sector institutions in the country should emulate this successful public-private partnership model to offer quality healthcare to the masses, free of charge,” said the press release.

(By Newspaper's Staff Reporter, Dawn, 13, 27/07/2025)

Organ donation from doctor's deceased son gives two new lease on life

The Sindh Institute of Urology and Transplantation (SIUT) has successfully performed the transplantation of two kidneys from a deceased organ donor, the institute said in a statement on Wednesday.

The two patients, who were on dialysis and did not have any organ donors in their families, received the donation from a recently-deceased medical student — the son of a doctor at SIUT.

An SIUT spokesperson identified the donor as 23-year-old Sultan Zafar, whose mother Dr Mehr Afroze is a consultant nephrologist.

The young man, who suffered severe head injuries in a recent accident, remained in a coma for a week before being declared brain-dead.

The spokesperson said the young man's mother “took a courageous decision and donated Sultan's two kidneys”, which were transplanted to the two patients.

“This generous donation of Dr Mehr Afroze in an hour of profound grief and distress is widely hailed by the members of the medical profession and the society at large,” the statement said, adding that SIUT Director Prof Adib Rizvi lauded the family's gesture and called upon society to emulate this noble act.

(By Dawn Reporter, 13, 31/07/2025)

Orthopaedic unit reopens after a decade

The Orthopaedic Unit at the Sindh Government Hospital, Liaquatabad, after remaining non-functional for over a decade, has become functional once again for bone fracture treatment and surgeries.

Operations had not been conducted at the facility for the past 12 years due to malfunctioning of machines and non-availability of required surgical equipment. However, under the supervision of Medical Superintendent Dr Atique Qureshi, the orthopaedic unit has now been fully restored and made operational.

Dr. Qureshi informed that the Orthopaedic Unit consists of 16 beds and handles daily over a dozen fracture cases, mostly the road accidents. He added that the hospital serves a vast population stretching from Teen Hatti to Sohrab Goth and Nazimabad but lacks basic diagnostic facilities such as a CT scan machine.

The echocardiogram services for cardiac patients is also not available in the hospital. In addition, there are currently no specialists available for nephrology, ENT, radiology, general surgery, cardiology, urology, and ophthalmology.

According to Dr Qureshi, all consultant posts for these departments were abruptly removed from the hospital's official budget book, leaving a significant void in specialist care for residents of district central.

He further stated that the hospital is facing a severe shortage of ICU technicians and ENT specialists. Despite these challenges, the hospital's renovation and upgrading across various departments have been completed. Additionally, the building of the School of Paramedical Sciences has been refurbished and educational activities have resumed.

Dr. Qureshi has appealed to the provincial health minister and the health secretary to urgently appoint specialist doctors, provide echocardiogram machines, and deploy adequate staff so that Liaquatabad Hospital can better serve the millions of residents of the central district.

(By Tufail Ahmed The Express Tribune, 05, 05/08/2025)

Karachi needs vertical farming for fresh food production, moot told

Former federal minister and prominent scientist Prof Dr Atta-ur-Rahman has emphasised the urgent need to address food insecurity in Pakistan and across the globe.

He asserted that vertical farming and controlled environment agriculture (CEA) offer a feasible and efficient solution for producing fresh food in densely populated cities like Karachi.

"Fresh food production in urban areas such as Karachi, even in limited spaces, is possible through vertical farming and CEA," he said while speaking at a symposium — Sustainable Agriculture for Food and Nutritional Security under the Climate Change Scenario — held at the L.E.J. National Science Information Center, University of Karachi.

The event was organised by the KU's International Center for Chemical and Biological Sciences (ICCBS), in collaboration with the Sindh Innovation, Research, and Education Network (SIREN).

Prof Atta underscored the need for urban food production strategies and highlighted the importance of drought-resistant and climate-resilient crops as essential in combating the global food crisis exacerbated by climate change.

He noted that the global market for drought-resistant and climate-resilient crops is projected to reach \$52 billion by 2032, emphasising their vital role in sustainable agriculture initiatives.

He explained that such crops are often genetically modified to withstand extreme climatic conditions and ensure consistent food production despite environmental stresses.

"Karachi faces water scarcity, heatwaves and erratic weather patterns. Vertical farming presents a powerful and largely untapped opportunity for the city. Rooftops can be effectively used for this kind of agriculture," he added.

Other notable speakers at the symposium included ICCBS Director Prof Muhammad Raza Shah; Prof Salim Al-Babili, King Abdullah University of Science and Technology, Saudi Arabia; Dr Shahid Mansoor, Senior Adviser, ICCBS; and Dr Farooq Ahmed Khan.

Prof Raza Shah thanked the foreign delegates for their participation and expressed hope that the symposium would enhance understanding of how sustainable agriculture can help achieve food and nutritional security in the face of climate change.

He also shared a presentation on the history and development of the ICCBS, noting that the centre has expanded from a single building to 17 facilities, reflecting its growing importance.

Prof Salim Al-Babili gave an insightful lecture on converting plant metabolism research into agricultural solutions. He highlighted the Striga weed problem in Sub-Saharan Africa, which severely affects cereal crops, and discussed emerging solutions to combat it.

He praised the ICCBS for its state-of-the-art research infrastructure and the successful organization of the symposium.

Dr Mansoor emphasised that hunger remains one of the deadliest global challenges, surpassing AIDS, Malaria, and Tuberculosis in death toll.

(By Dawn Rerpoter, 16, 08/08/2025)

Authorities seal 10 'beauty clinics' in Karachi's DHA

The Sindh Healthcare Commission (SHCC) has sealed 10 more illegal "beauty clinics" in various parts of Defence Housing Authority (DHA) as part of its ongoing drive against unlicensed cosmetic treatment centres in Karachi.

According to the SHCC, these clinics were offering Platelet-Rich Plasma (PRP) therapy, mesotherapy and other sensitive procedures without registered dermatologists on their panels. A large facility on Khayaban-e-Ittehad, earlier sealed by the SHCC, was found operational again after the management broke the locks. The clinic was shut down for a second time and everyone inside were evacuated.

In Phase VII, a beauty salon was discovered providing PRP procedures through untrained staff, while in Phase II a clinic run by a BA Sociology degree-holder had also resumed operations despite closure orders. The SHCC said the owner had been directed a month ago to remove equipment and hand over the premises to the landlord.

Another facility, 'Aesthetic Solutions' in Badar Commercial, Phase V, managed by a midwife, was also sealed. Inspections further revealed a physiotherapist carrying out PRP treatments at Rajput Clinic, and an unqualified staff running another centre. Both were closed on the spot.

The operation was led by SHCC Assistant Director Anti-Quackery Karachi Dr Razia, with Deputy Director Ahmar Abbas Saldera and Assistant Directors Moez Qureshi and Farheen Lashari. The SHCC alleged that some registered doctors are abetting such operators by allowing their degrees to be misused. It vowed to continue strict action against all violators.

(By Dua Abbas The Express Tribune, 04, 09/08/2025)

Illegal organ trade

The recent bust of another organ trafficking ring in Rawalpindi — the second in a single week — exposes a festering criminal epidemic just a few kilometres from the capital. Police raided a private bungalow in a housing society to find a man strapped to a stretcher, sedated and moments away from having his kidney forcibly removed. This follows an identical raid days earlier, where victims were lured by fake job offers, only to wake up mutilated and abandoned. Such incidents are not anomalies but symptoms of a systematic trade preying on the vulnerable while authorities lag in response.

Criminal networks operate with chilling sophistication. They scout impoverished villages and urban centres, promising lucrative jobs or exploiting debts to coerce victims into "donating" organs. Once trapped, victims are imprisoned in clandestine clinics — often makeshift operating theatres in residential homes — where unqualified personnel remove kidneys for wealthy domestic and foreign clients.

Survivors describe beatings, psychological torture and lifelong health complications. Many of the victims are already impoverished and are forced or fooled into giving up their organs for little-to-no money, while 'willing' donors are scammed into donating kidneys for around Rs500,000 each without being made aware of the lifelong health risks of the procedure heightened by the fact the procedures are performed at makeshift clinics and most 'donors' cannot afford or maintain proper post-operative care.

Despite longstanding bans on organ sales, enforcement remains woefully inadequate. Traffickers exploit legal loopholes to avoid detection and capture, and even when they are held, many just use their illegal earnings to buy their way out. This is why we must not only ensure that organ traffickers are given the maximum amount of time in jail, but also introduce reforms that make it harder for such criminals to get access to bail or other privileges that go to non-violent offenders.

(By Editorial, The Express Tribune, 14, 10/08/2025)

Medical fraternity in grief over death of neurologist Dr Nadir Ali

The sudden death of eminent neurologist Dr Nadir Ali Syed, who passed away on Friday at the age 60 at his residence, has left the medical community and people, whose lives he touched and healed in countless ways, in shock and grief.

It is learnt that Dr Syed, who was widely recognised for his work in adult neurology, particularly in the treatment of epilepsy, stroke and chronic headache management, remained professionally active until his last day.

His funeral prayers will be offered on Sunday (today) after Zuhar at Jamia Masjid-o-Imam Bargah Yasrab, Phase IV, Defence Housing Authority.

He leaves behind his wife and three children. He was son of Prof Shaukat Ali Syed, a towering figure in the field of cardiology in the country.

Dr Syed was a pioneer in the field of movement disorders and made invaluable contributions to the development of national treatment guidelines for Parkinson's disease. He was associated with the Aga Khan University (AKU) as a faculty member and with South City Hospital, where he served as a consultant neurologist and senior member of the hospital's board of directors.

"I first met him in 1999 when he was heading the neurology department at Aga Khan University Hospital (AKUH) and accepted my request for training in neurophysiology. On Thursday night, I had my last conversation with him," said Dr Abdul Malik, president of the Pakistan Stroke Society.

He said the late professor had agreed to attend the conference scheduled for September this year. He praised Dr Syed's pioneering work and described him as a gem of a person. "He was a superb professional and a wonderful human being. He has done extraordinary work in movement disorders in Pakistan and helped establish societies for this cause."
(By Newspaper's Staff Reporter, Dawn, 13, 10/08/2025)

Nearly 50pc of heart attack patients in Pakistan are under 49, moot told

Senior cardiologists on Saturday shared the shocking findings of a study according to which nearly 50 per cent of heart attack patients in the country are younger than 49 years, and 12 to 15pc of them are under 40 years of age.

The health experts representing the National Institute of Cardiovascular Diseases (NICVD) were speaking at a symposium held at a local hotel here.

The experts warned that this trend — fueled by diabetes, hypertension, obesity, smoking, and unhealthy lifestyles — is making Pakistan one of the world's worst-hit countries for early-age heart attacks.

The trial was designed and conducted independently by NICVD's cardiology team and ran from June 7, 2021, to December 31, 2023. It enrolled 261 post-heart attack patients for testing effects of two anticoagulants for treating a blood clot that can form in the heart after an attack and cause stroke or other complications.

The findings have been published in the *Journal of the American College of Cardiology: Advances*.

According to principal investigator Dr Jehangir Ali Shah, the new drug achieved faster clot resolution in the early phase — 20 per cent at four weeks versus 8.3 per cent (with the old medicine), while both drugs had similar high success rates at 12 weeks.

"This is the largest randomised trial to date in acute left ventricular thrombus, and the results show that the new drug is safe and effective alternative," he said, adding that 15 per cent of participants were under 40 years.

NICVD Director of Cath Lab Dr Abdul Hakeem called for public health urgency. "Pakistan has the highest rate of young heart attack patients globally. Every third adult has diabetes, 40 per cent have high blood pressure, obesity is common, and smoking rates remain high. Many patients don't know they're at risk. After the age of 30, everyone should get a cardiac check-up," he said.

He added that common misconceptions — such as assuming a heart attack always causes severe chest pain — can delay treatment.

"Nine out of 10 patients have no pain, only heaviness in the chest or acidity-like discomfort. If you feel chest heaviness while walking or climbing stairs, get an ECG done immediately," he advised.

Dr Hakeem warned that the most dangerous anterior heart attack can damage up to 60 per cent of the heart muscle and often causes a clot that appears four to eight weeks later, increasing stroke risk.

NICVD Executive Director Dr Tahir Saghir said the institute was now moving into further advanced research, including trials on drug-coated balloons that do not require stents — a development that could reduce future artery blockages. "We already have international funding for this work, and the direct beneficiaries will be our patients," he said.

Senior cardiologist Dr Nadeem Rizvi emphasised the importance of locally conducted clinical research, saying that results based on Pakistan's environment and healthcare system were more practical and applicable.

Dow Institute of Cardiology Director Dr Tariq Farman said genetic, socioeconomic, and physical differences between Pakistani and western populations required tailored treatment guidelines.

"We need our own data. Sometimes the recommended high doses aren't suitable for our patients," he said, adding that early diagnosis and treatment could prevent thousands of strokes in Pakistan's heart patients every year.

(By Faiza Ilyas Dawn, 13, 10/08/2025)

Local loss or global gain: nurses' migration throws up dilemma

While Pakistan faces an acute shortage of nurses and produces a critically lower number of nursing graduates, it sees a high annual outward migration of these professionals due to unfavourable factors, such as inadequate salaries, poor benefits and high workloads, says a study launched on Tuesday at the Aga Khan University (AKU).

According to the study, nurses, comprising 0.4 per cent of Pakistani professionals abroad, have seen the highest growth — 54.2pc compound annual growth rate from 2019 to 2024.

The report titled Pakistan's Nursing Workforce — Export Potential and Challenges, was jointly launched by Pakistan Business Council (PBC) and the AKU School of Nursing and Midwifery (SONAM), Pakistan.

The goal of the study was to evaluate the potential of nurses' contribution to the country through remittances and identify specific challenges that hinder their acceptance in global markets. It suggests strategies to elevate their skillset and overall quality of care.

Speaking at the event, Dean of AKU, SONAM, Dr Salimah Walani said, "The migration of nurses from Pakistan is driven by pull and push factors. We must have an open dialogue about what factors are pushing our nurses out."

With a disproportionately low nurse-to-doctor ratio, Pakistan's healthcare sector remains heavily doctor-centric, says AKU-PBC study

Pointing out the shocking statistics in the report that the nurse-to-population ratio is only 5.2 to 10,000 people, far below the World Health Organisation's recommended 30 to 10,000 people, she said: "We must ask ourselves if our nurses are rightly valued and rewarded in our society and in our healthcare systems."

The report identifies two major pathways for growth. First, a well-supported nursing workforce leads to a healthier population, which is a cornerstone of long-term economic stability. Pakistan produces just 5,600 nursing graduates annually, and a growing number are migrating abroad, with a compound annual growth rate of 54 per cent in overseas employment between 2019 and 2024.

Second, by improving the education and global mobility of Pakistani nurses, the country can significantly increase valuable remittances and build its brand as a global leader in healthcare talent.

It points out that country's healthcare is heavily doctor-centric, with a disproportionately low nurse to doctor ratio and with socioeconomic disparities contributing to stigma against nurses.

According to the study, factors such as inadequate access to modern technology techniques, lack of monitoring of nursing institutions and limited specialisation options in Pakistani nursing degrees are some major barriers to the nurses' professional growth.

The report recommends retention strategies, better salaries, clearer career pathways, and media campaigns to improve the nursing profession's image, along with education, policy and procedural reforms to streamline overseas employment processes, reduce financial burdens, and promote Pakistani nurses internationally.

For improvement of international mobility of nurses, the report suggests training of specific batches for specific countries, addressing accreditation discrepancies, reducing financial barriers for nurses applying abroad, streamlining overseas nursing employment and emphasising the need for Pakistani missions facilitating overseas nurses.

"This is the time for Pakistan to shift its perception of the nursing profession from undervalued to indispensable, and convert a persistent challenge into a long-term economic advantage," said Farah Naz Ata, senior economist at the PBC.

"By implementing these recommendations, we can uplift healthcare standards at home, empower our nurses, and unlock a powerful stream of foreign remittances."

The launch event at the AKU united key stakeholders, including representatives from the ministry of health, nursing leadership, and other influential partners stressing the need for advancing the report's recommendations through a coordinated effort.

(By Faiza Ilyas Dawn, 13, 13/08/2025)

Public hospitals face bed, staff crisis

Due to its advanced treatment facilities, Karachi is known to attract patients from across Sindh and Balochistan. However, with only 6,500 beds, 250 ventilators and a shortage of doctors and medical staff, major hospitals in the city are ill-equipped to handle even the local influx of patients.

Sadia Khatun, who came to the Jinnah Hospital for her husband's gallbladder surgery, was told by the staff that no bed was available. "I struggled tirelessly to secure a bed for my husband but was unsuccessful. For two weeks, I went to the Jinnah Hospital for my husband's admission but could not find a bed. Poor patients have to wait endlessly for admission at government hospitals, due to which they have to face severe difficulties in getting treatment," regretted Sadia, who eventually had to take a loan for her husband's treatment at a private hospital.

According to the Former Director Health Karachi Dr Ikram Sultan the unavailability of treatment facilities in the district hospitals of interior Sindh resulted in a huge patient influx at government hospitals. "Jinnah Hospital receives a large number of patients not only from Karachi but also from other cities. Furthermore, the number of beds has not increased in decades, while there is a severe shortage of staff in these hospitals. The government should ensure the appointment of specialists of various diseases at district hospitals and provide secondary care services at these hospitals. Only then will the pressure of patients at the Jinnah and Civil Hospital be reduced," implored Dr Sultan.

Sources of the Express Tribune have revealed that 60 per cent of the beds at Karachi's district hospitals are occupied. Although these hospitals provide primary health care facilities, they face a severe shortage of paramedical and nursing staff, with specialists like anesthesiologists, nephrologists, and pulmonologists unavailable. This significantly increases the influx of patients at the major tertiary care centers in the provincial capital.

For instance, the Civil Hospital receives 2,000 patients daily in the accident department while 8,000 patients visit the OPD for examination. The hospital admits 200 patients every day. In response to a question, Dr Khalid Bukhari, head of the hospital, reported an unprecedented increase in the number of patients coming from Sindh and Balochistan. "Because of this, patients in Karachi sometimes have to wait one to two months before receiving treatment," informed Dr Bukhari.

Similarly, the Jinnah Hospital's spokesperson, Jahangir Durrani, informed that most of the ICU units of the hospital were inactive due to 50 per cent of the staff not being available. "ICU technicians are needed to run the equipment. Due to the acute shortage of staff at the ICU units, patients are admitted on only five out of 15 beds in the chest ICU. Similarly, there are 21 beds in the surgical ICU, but patients are admitted to only eight," said Durrani.

On a similar note, Executive Director at the Shaheed Benazir Bhutto Accident and Emergency Trauma Center, Dr Sabir Memon, revealed that there was a total of 500 beds in the trauma center, out of which 60 were non-functional. Likewise, the Sindh Government Liaquatabad Hospital has only 200 beds, four operation theatres and 16 ventilators, with 75 per cent of the beds occupied by patients. Not a single CT scan machine is available at the facility. Similar bed and medical staff shortages have been reported at the Lyari General Hospital, Sindh Government Qatar Hospital, Sindh Government Saudabad Hospital, Sindh Government Korangi Hospital and Sindh Government New Karachi Hospital.

To make matters worse, Karachi's major government hospitals including the Civil Hospital, Sindh Institute of Urology and Transplantation (SIUT), Trauma Centre, Services Hospital and Police Surgeon's Office are located in a densely populated area of the MA Jinnah Road, where the movement of ambulances is often obstructed by heavy traffic.
(By Tufail Ahmed The Express Tribune, 04, 13/08/2025)

Cancer patients denied affordable treatment in Karachi

Unlike societal attitudes, illnesses rarely discriminate on the basis of wealth and status. However, the treatment to fight off those deadly conditions is only reserved for those with a decent bank balance.

Across the port city, no dedicated cancer diagnosis or treatment facility is available at the government level for low-income patients suffering from the fatal condition. With no registry of cancer patients, the few cancer facilities available are brimming with patients. The chemotherapy facility at the Civil Hospital and the radiation unit at the Jinnah Hospital often deny treatment to patients, forcing them to seek private care.

Only two radiation units have been set up in the city at the Jinnah Hospital and Kiran Hospital, which are operating under the Pakistan Atomic Energy Commission. On the other hand, radiation facilities are available in two to three private hospitals in Karachi where one session of radiation therapy costs Rs15,000 to Rs20,000.

In Pakistan, more than 185,000 new cases of cancer and 125,000 deaths are reported each year, with breast cancer, oral cancer and lung cancer among the most common. Medical experts are of the opinion that cancer is becoming increasingly common among the local population however, adequate cancer treatment facilities are missing at the government level, due to which patients are either put on the waiting list for several months or have to pay lakhs of rupees for treatment at a private hospital.

Amir, the husband of a woman suffering from breast cancer, confirmed that there was no facility for the treatment of breast cancer at government hospitals. "When I contacted the Civil and Jinnah Hospitals, they had a long list of female patients. Therefore, we went to multiple private facilities, where my wife's surgery and 17 sessions of chemotherapy alongside tests and medications cost a total of Rs1.7 million. Radiation and chemotherapy are very expensive at private hospitals," said Amir.

Similarly, Mohammad Farid, a 70-year-old prostate cancer patient, was persistently denied treatment at public hospitals. "During this time my pain worsened, after which I contacted a urologist at a private hospital. The surgery cost Rs200,000, while each of the six chemotherapy sessions cost me Rs40,000. There is no facility for the treatment of cancer and other complex diseases at public facilities. Cancer treatment is beyond the reach of the poor man," regretted Farid.

According to sources of the Express Tribune, out of a total of 44,340 patients who visited the radiology department of the Jinnah Hospital from January to December 2024, only 1,253 were given admission for treatment. Prof. Dr Noor Muhammad Soomro, an oncologist and former Head of the Department of Cancer at the Civil Hospital, confirmed that the few radiation therapy units available in the city received a huge influx of patients due to which many had to wait for months.

"Among men, mouth and throat cancer is most common, while among women, breast cancer is commonly reported. Due to expensive cancer treatment, poor patients seek indigenous methods of cure. If cancer is not treated in time, the patient dies quickly. Cancer is treated in three ways; surgery, radiation and chemotherapy," informed Dr Soomro.

Dr Shumaila Khuhro, Head of Oncology at the Civil Hospital, revealed that the cancer unit had 44 beds, while more than 100 cancer patients were reported daily in the cancer OPD. Dr Nausheen, Deputy Director at the Jinnah Hospital, shared that the cancer unit had 52 beds while nearly 180 cancer patients sought treatment on a daily basis.

"The Civil and Jinnah Hospital are the only hospitals in the province where cancer patients are being provided treatment facilities," confirmed Dr Pir Ghulam Nabi Shah Jilani, Deputy Director Health Karachi.
(By Tufail Ahmed The Express Tribune, 04, 15/08/2025)

Prolonged phone use among children severely affecting their mental health: experts

Educationists, social scientists and parenting experts have warned that the increasing use of mobile phones among children is severely affecting their mental health and academic performance, citing research findings indicating that 77 per cent of children who use mobile phones for more than two hours a day exhibit aggression, emotional imbalance, obesity and social isolation.

Speaking at a session titled "Parents Then and Now", organised at Aureus Cambridge School, participants also highlighted the decline of neighbourhood bonding, a tradition that has almost disappeared.

Renowned educationist, poet and literary critic Dr Pirzada Qasim, in his address, warned that excessive mobile phone use is leading to attention deficits, insomnia and psychological issues. He urged parents to first limit their own unnecessary mobile phone usage and to spend more time with their children.

"In the past, every member of the community played a role in guiding and correcting children, but today people often do not even know their neighbours. This culture still survives in older residential areas and must be revived for the betterment of society," he said.

He cautioned that the overuse of mobile phones among the youth is also contributing to a rise in heart ailments. Children are increasingly opting for unhealthy food ordered via delivery services rather than eating home-cooked meals, while physical activity has declined due to the absence of pedestrian pathways and concerns over security. He stressed that not everyone can afford a gym membership, making daily walking and an active lifestyle even more important.

Research findings indicate an alarming number exhibiting aggression, emotional imbalance and obesity

Highlighting the state's limited commitment to social sectors, Dr Pirzada noted that the government spends only 1.5pc of GDP on health and education, far below the minimum of 4pc that is needed. He lamented that basic education was once free and widely accessible in Pakistan, but the current state of government schools is visibly poor.

"If the private sector had not stepped in, the situation would have been far worse," he remarked.

He urged parents to give time to their children, to ask about their daily activities and to try to have breakfast or dinner together as a family.

Advisory Board member Syed Jamshed Ahmed also cited research indicating that 77pc of children who use mobile phones for more than two hours a day show signs of aggression, emotional imbalance, obesity and social isolation—and often display extreme anger if the device is taken away.

He observed that parents frequently hand over mobile phones to very young children to keep them occupied when they themselves are busy. However, society must explore healthier alternatives, such as promoting sports and physical activities by ensuring adequate facilities and encouraging parental involvement.

(By Newspaper's Staff Reporter, Dawn, 14, 16/08/2025)

Cancer care divide

The city of Karachi is facing a concerning crisis in healthcare with gravely inadequate facilities for cancer treatment at government hospitals, practically barring an entire socioeconomic class from receiving medical aid. Apart from those at private hospitals, there are only two radiation units in the city, one at Jinnah Hospital and the other at Kiran Hospital. Civil Hospital, which is another public care facility, only has 44 beds in its cancer unit. To put these numbers into perspective: Civil Hospital receives over 100 cancer patients in its cancer OPD daily, while Jinnah Hospital receives nearly 180.

Depending on the severity of the illness, cancer treatment may require a single radiation session or somewhere around five sessions per week for several weeks. With private radiation therapy costing Rs15,000 to Rs20,000 per session, this can cost up to Rs400,000 per month excluding multiple caregiving expenses. The average monthly household income in Sindh stands at around Rs40,000 — which is 10% of the cost. Private treatment therefore is entirely out of the question for low-income patients. This leaves them with no other option but under-resourced, understaffed and overcrowded government hospitals that can barely manage to handle existing patients. Modern medicine is a 21st century miracle. But unfortunately for many, this miracle remains stuck behind a paywall. Limited access to healthcare, late diagnosis and general socioeconomic disparities all contribute to higher mortality rates in lower-income populations.

Government hospitals are in dire need of funding and attention. The disparity between diseased persons and inbound patients is too high to be fixed without targeted intervention. The government must recognise the lapse in equitable healthcare facilities across all socioeconomic classes as it is duty-bound to provide care to its citizens, and accessibility is the first step to care. Without such measures, the cycle of preventable deaths will only persist.

(By Editorial, The Express Tribune, 14, 17/08/2025)

From dai to AI: Lahore experiments with a virtual midwife

A year ago, Dr Maryam Mustafa and her team from LUMS visited a basic health unit on the outskirts of Lahore to evaluate its new digital government system meant to track medicines and generate electronic medical records. But the system ran only on desktops — and the electricity was out.

Without power, even the simple printed slip needed to see a doctor couldn't be issued. Patients were turned away and asked to return the next day.

"As a technologist, I believe electricity is beyond my control," Dr Mustafa said during her keynote address at Aga Khan University's annual Paediatrics & Child Health Conference on Saturday. The theme was 'Catalysing Change in a World in Polycrisis'. "What I can control," she added, "is how I design for the worst-case scenario, which is: no electricity."

In Pakistan, the worst-case scenario is alarmingly bad. Women here are over 12 times more likely to die during childbirth than women in high-income countries. There are fewer than five midwives for every 10,000 people. At this rate, Pakistan will not reach even the most basic maternal healthcare standards for another 25 years — unless something drastically changes.

That change, according to Dr Mustafa, lies in Artificial Intelligence (AI).

"Pakistan is primed to leverage digital technologies, particularly AI tools, to close this gap," she said. But there's a major barrier: Pakistan has one of the largest mobile phone ownership gender gaps in Asia — at 37%. Most women either don't own a phone or share one within their household. And platforms like WhatsApp, which require a single SIM per user, aren't designed for shared usage.

Despite this, Dr Mustafa dreamed of using AI to collect patient data and build electronic medical records (EMRs) through speech input and Natural Language Processing (NLP). The model she envisioned would listen to women and tell them — based on their medical history — when they needed to seek care. AI, she pointed out, is particularly powerful at detecting early risks like preeclampsia or postpartum hemorrhage using predictive models and ultrasound images. Chatbots can guide nurses through antenatal care step-by-step. Even in areas without trained sonographers, AI-powered ultrasounds can detect complications like fetal growth restriction. And speech-to-text tools can generate medical records instantly, allowing clinics to focus more on patients and less on paperwork.

But there was a problem. When Dr Mustafa's team approached hospitals in Punjab to begin building an AI model, the infrastructure just wasn't there. Most facilities only had paper registers that couldn't be scanned or digitized.

"Much of our medical data is fragmented, paper-based, or not digitised at all," she said. "And where digital systems do exist, they often lack clean, structured data — making it difficult to train reliable AI systems."

If they wanted to make AI work for all pregnant women in Pakistan — not just those visiting private hospitals — they had to get creative.

Doctors typically have just five to six minutes per patient. Dr Mustafa's team believed AI should free up this time by automating medical histories. They needed a virtual midwife — a chatbot that could ask the patient questions like: How many children do you have? How many were C-sections?

They also had to develop a Pakistan-specific medical language model that understood local terminology and expressions.

The result? By the time a patient walks into the doctor's office, AI has already turned their conversation with the chatbot into a structured medical record on the doctor's desktop. The Large Language Model (LLM) suggests follow-up questions and helps fill any data gaps. The doctor only needs to verify the record and add their examination notes — the rest is already there.

The breakthrough came in the form of WhatsApp.

Instead of building a whole new system, they designed a simple solution: Patients can use any phone (their own, a neighbor's, or one provided by the hospital) to message a designated WhatsApp number. All they have to do is send their CNIC number. The system then pulls up their existing medical history and fills in the conversation thread — so they're not starting from scratch each time they use a different phone.

A pilot of this system is underway at Shalimar Hospital, where patients interact with a virtual midwife on WhatsApp. Her questions are stored as part of their medical file, so when they eventually see a doctor, their full case history is already in place.

This approach also solves a critical challenge in maternal care: mobility. Many women move to their maternal homes in another city during pregnancy. The new doctor rarely has access to their prior records, unless they carry a physical file or recount everything verbally.

Dr Mustafa's solution? A QR code linked to a patient's EMR. Any clinician can scan it to access the entire medical history and add to it. This enables seamless care across clinics and hospitals — and ensures that no reports, lab results, or test data go missing. Whenever a new entry is added, the system alerts the designated clinician.

The pilot is also being rolled out at Gurkhi Trust & Teaching Hospital and Lady Willingdon Hospital in Lahore.

This might not be the high-tech, big-budget AI story you'd expect. But in a country where a power cut can shut down an entire clinic, it just might be the most practical revolution we need.

(By Newspaper's Staff Reporter, The Express Tribune, 05, 24/08/2025)

City sees alarming rise in rabies deaths

The rising number of stray dogs in the city has become a serious public safety concern, particularly for children, with over 26,000 dog bite cases and 21 rabies-related deaths reported across the city so far this year.



Stray dogs frequently chase and bark at pedestrians, particularly at night and early morning, creating fear and panic among residents. According to Dr Gohar Aftab of Indus Hospital, Korangi Campus alone has reported over 9,000 new dog bite cases this year, including nine rabies fatalities. He said that most victims who died had not received proper medical attention, relying instead on incomplete treatments or home remedies. "Once rabies symptoms appear, it is too late for treatment," he said.

Dr Aftab advised that any dog bite victim should immediately wash the affected area with clean water and soap for at least 10-15 minute. This is a measure endorsed by the World Health Organization (WHO), which reduces the chances of rabies by up to 40 per cent.

He added that anti-rabies vaccination must be administered within the first week, and the earlier, the better.

Rabies symptoms typically appear six weeks to six months after infection. Early signs include headaches, anxiety, and restlessness, which escalate to hydrophobia (fear of water), sensitivity to sound, and ultimately lead to death within three to five days of symptom onset.

Though rabies is not transmitted from human to human, rare cases of transmission have been reported through organ transplants from infected donors.

WHO states that 95% of rabies cases worldwide result from dog bites, though the disease can also be transmitted by cats or monkeys.

Deputy In-charge at Jinnah Hospital revealed that the facility sees around 2,500 dog bite cases per month, with 17,500 cases reported in 2025 so far. He confirmed that 12 rabies deaths occurred in 2024, a number already matched in just the first eight months of 2025.

He warned against practices in rural areas where bite wounds are stitched without proper cleaning. "There is no cure for rabies once symptoms start. The only protection is the anti-rabies vaccine, and once the infection sets in, even the best antibiotics or ventilators can not save the patient," Dr Siddiqui stressed.

Vaccination is most effective within one week of the bite but can still be administered up to a month later. Areas such as Sohrah Goth, Landhi, Korangi, and the city's outskirts report the highest case numbers, with a surge also seen in DHA during summer months. As temperatures drop, stray dogs tend to take shelter in residential neighborhoods and under parked vehicles.

Residents report that stray dog packs grow in number during the night, often chasing motorcyclists and attacking women heading to work or university in the morning. Children, too, live in fear, with some chased by dogs while playing in the streets. The continued lack of an effective, citywide response has left citizens frustrated and vulnerable.

There is a growing demand for the city administration to launch an urgent and humane stray dog control programme, alongside public awareness campaigns and guaranteed access to anti-rabies vaccines across all medical facilities.

(By Dua Abbas The Express Tribune, 04, 26/08/2025)

Disease outbreaks feared in Karachi as stagnant water turns toxic

As dense clouds continue to dominate the city's skies following recent monsoon devastation, health experts and senior environmentalists have urged the authorities to speed up the process of clearing standing water and lifting solid waste before the next spell to minimise the threat of disease outbreaks.

They also stressed the need to prioritise regular cleaning of storm water drains and rainwater harvesting in ways that help replenish depleting groundwater resources and minimise the threat of urban flooding.

"There is a high risk for the spread of vector and water-borne diseases this year, given the high intensity of rains we have just experienced. We must try to utilise the brief time available right now before the next spell hits as pools of standing water will soon turn into breeding grounds for mosquitoes," shared Dr Imran Sarwar, who heads the emergency department of the Dr Ruth Pfau Civil Hospital Karachi.

He added that generally cases of gastroenteritis, malaria and dengue see a sharp increase soon after the rains, especially during this season.

Overflowing gutters, pools of standing water, heaps of garbage fast becoming breeding grounds for mosquitoes, experts warn

At the moment, Dr Sarwar pointed out, most patients reporting at the emergency department suffered from viral infections. "But, this pattern is likely to change in the coming days, as happens every year during and after the monsoon."

Sharing his clinical observations, Dr Abdul Wahid Rajput, Medical Superintendent at the Sindh Infectious Diseases Hospital and Research Centre, said the vector and water-borne diseases constituted 30 to 40 percent of the patient load.

"The threat of water and vector-borne diseases must not be taken lightly as these diseases can kill, if complications occur. All age-groups are affected," he said, adding that the city's infrastructure was fragile and citizens shared the responsibility with the state to contribute towards making their neighborhoods livable.

Killing mosquitoes

Talking of solutions, Dr Waqar Ahmed at Karachi University's Institute of Environmental Studies said that a small amount of oil, such as vegetable, neem or mineral or kerosene oil, added to the water where mosquitoes breed could kill these insects.

"This is an old traditional method. Unfortunately, most people have forgotten it. If citizens start doing so, there will be a sharp decline in mosquito population and cases of illnesses the insects cause," he said, adding that the method didn't cause any harm to the environment because the oil used was in too small a quantity.

Dr Ahmed also suggested that rainwater could also be used to replenish underground water resources with rain.

"If we could collect rainwater on the roofs and then direct it into boring channels going inside the ground, we could help recharge our reservoirs," he explained, regretting that growing concretisation of the city had left limited unpaved spaces for replenishment of underground water.

The city authorities, he stressed, should also think and plan for rainwater harvesting, and make it mandatory on new buildings to have this mechanism.

"This will also help minimise urban flooding. The other strategy is ensuring regular cleaning of storm water drains and removing encroachments over them," he said.

(By Faiza Ilyas Dawn, 13, 27/08/2025)

Preventing disease post-flood

The devastating floods in Khyber-Pakhtunkhwa have created not just an immediate humanitarian crisis, but a looming health catastrophe. As we have seen during and after floods over the past several years, receding floodwater does not signal an end to people's misery. The problem just evolves, as health hazards created by waterborne diseases and poor sanitation become the primary threat.

Unfortunately, disease prevention remains a major problem even in the best of times, making it no surprise that the Pakistan Medical Association recently issued a grave warning that "the lurking threat of outbreak can kill more people than floods did." Hospitals and health authorities are already witnessing rising cases of acute diarrhoea, dengue fever, malaria and skin diseases in flood-affected regions. Children have been particularly vulnerable, with thousands requiring treatment.

These outbreaks highlight the need to integrate clean drinking water and proper hygiene facilities into the flood response strategy. The interventions are not particularly expensive and can save hundreds of lives. All that is needed are basic hygiene kits with soap and water purification tablets. Without such interventions, the government's deployment of medical camps and paying compensation are reactive bandages on bullet wounds. Healthcare workers may be able to treat some victims of waterborne diseases, but this will divert their attention from other people whose ailments may not be as preventable.

Of course, this would be easier if the public water infrastructure were more trustworthy to begin with. A UN report from last year noted that despite the country's water system covering 92% of the population, only 36% of water supply was considered safe for human consumption. This is compounded by the fact that about 10% of Pakistanis still lack access to a toilet, and confoundingly, millions who do have access choose to go in the great outdoors as a matter of choice.

(By Editorial, The Express Tribune, 14, 27/08/2025)

PMA alarmed over 'severe shortage' of life-saving drugs across country

The Pakistan Medical Association (PMA) has raised alarm over "an unprecedented" and severe shortage of essential medicines across the country and warned that the crisis threatens the lives of millions of patients.

According to the association, at least 80 important medicines are unavailable, with 25 having no substitutes. These drugs include life-saving medications for diabetes, cancer, Alzheimer's, Parkinson's, heart disease and psychiatric disorders.

"We demand immediate and decisive action from the government to address this catastrophic situation. The medicines shortage is not a minor inconvenience. It's a life-threatening issue for patients with chronic and critical illnesses," the association said in a statement.

"Patients are suffering from severe complications, and in many cases, their health is rapidly deteriorating. For example, the lack of long-acting injectable insulin is leading to uncontrolled blood sugar, increasing the risk of kidney failure, blindness and amputations for diabetics. Similarly, transplant patients are exposed to dangerous fungal infections due to the absence of a crucial antifungal drug," says the statement.

At least 80 critical drugs, 25 of which have no substitute, are unavailable, says association

This crisis is also a humanitarian issue. The people of Pakistan are already facing a severe financial crisis and are under immense mental stress, it adds.

The association called upon the government to immediately approve a new, pragmatic drug pricing policy that considers production costs to ensure the financial viability of manufacturing essential medicines.

“A major reason for drugs’ shortage is unchecked operation of black markets. These illegal markets are thriving across the country, causing frequent spikes in the prices of essential medicines. The price of a vial of insulin, for instance, has more than tripled in the black market, making it unaffordable for most families. We urge a nationwide crackdown on these criminal networks and strict enforcement of the law against profiteers,” the association says.

It urged the government to establish a high-powered task force comprising representatives from the health ministry, the PMA and the pharmaceutical industry. The body, the association emphasised, must be empowered to make rapid decisions on imports, licensing and production to overcome the current shortages.

It also criticised the Drug Regulatory Authority of Pakistan (Drap), which is mandated to ensure the availability of safe and effective medicines, for its failure in “carrying out its core responsibilities.”

“While Drap attributes the crisis to ‘international supply chain disruptions,’ this explanation is insufficient and deflects from the critical issue of domestic policy failures,” the association said, while demanding that the authority be held accountable for its inaction and lack of foresight.

“The authority must move beyond vague assurances and take concrete measures to address the crisis, including facilitating emergency imports and providing full transparency on its actions.”

(By Faiza Ilyas Dawn, 13, 29/08/2025)

Polio epicentre

TWO more children have been paralysed by poliovirus in Tank and North Waziristan, bringing Pakistan’s cases this year to 23. Of these, 15 are from KP. This concentration means that the province has become the epicentre of the crisis and that routine responses are failing to turn the tide. With the country in such dire straits, it beggars belief that just a few weeks ago, the federal health minister boasted before international partners of a 99pc decline in cases. This kind of premature celebration shows that the state continues to measure success in tallies and targets, while failing to confront the structural weaknesses that allow polio to persist.

Countering polio’s unrelenting grip, especially in KP, is not just a health challenge but a governance one. Decades of neglect, followed by the troubled merger of former Fata, have left communities with a deep mistrust of state institutions. Families who see little evidence of schools, clinics, clean water or sanitation in their daily lives view vaccination drives with suspicion. In their eyes, the state arrives only to deliver polio drops, not to address their broader needs. With the latest drive set to commence on Sept 1, and in southern KP on Sept 15, the government must realise that such a model is no longer sustainable. Polio campaigns must be integrated into a more credible package of primary healthcare. If vaccinators also provide routine immunisation, nutritional supplements or maternal care, families are more likely to open their doors. Linking the effort to clean water projects and basic sanitation would further build confidence. Moreover, campaigns too often rely on outsiders who have little standing in the community. In places like Tank and Waziristan, trusted ulema could make the decisive difference in countering rumours and ensuring acceptance. Front-line workers will continue to risk their lives, but unless governance failures are addressed alongside vaccination, Pakistan may find itself the very last frontier of polio.

(By Editorial, Dawn, 06, 29/08/2025)

Return to work or face termination, mayor warns striking doctors

In a sharp and uncompromising tone, Mayor Murtaza Wahab on Friday lashed out at striking doctors at the Abbasi Shaheed Hospital and warned them to return to work or face disciplinary action, including possible termination.

“If you want to work, then work. But don’t blackmail us into raising your salaries,” the mayor declared during a media briefing after distributing electric motorbikes to KMC employees at a ceremony held at its head office. He criticised what he described as “pressure tactics” by the protesting medical staff.

“Doctors think they can increase pressure and get a salary hike — this is a regrettable approach. Let me make it clear that non-performing staff would face consequences. I’ve instructed the administration to issue show-cause notices and terminate those who are not doing their jobs.”

The mayor stressed that public servants are obligated to follow government regulations, which they agree to upon joining public service.

Accuses doctors of ‘blackmailing’ govt for salary hike; distributes e-bikes to KMC employees

“If you want a government job, you are a government servant, and a government servant has to follow the government’s instructions,” he said.

"Should I increase salaries just because 70 or 80 doctors demand it? We have 13,000 employees at KMC. Then what precedent is it setting? If they think boycotting work will get them a raise, they are mistaken."

Reaffirming the administration's position, he stated that while no rightful salary should be withheld, protests and walkouts would not be rewarded.

"If you feel your salary is low, leave the job," he bluntly added.

While admitting that Abbasi Shaheed Hospital is "on the verge of collapse," the mayor pointed to the government's ongoing efforts to rehabilitate the health facility.

"We've worked hard to get the Abbasi Shaheed back on its feet. If someone doesn't want to work, they shouldn't expect to stay on the payroll," he added.

E-bikes distributed

The mayor also inaugurated an "eco-friendly" initiative at KMC where, in the first phase, 20 electric bikes were distributed among dispatch riders working in various departments.

Speaking at the ceremony held at the KMC head office, the mayor said the step was part of efforts by the city government to reduce operating expenses and combat climate change.

He said that KMC is the only municipal body in Pakistan currently providing electric bikes to its employees.

"A few months ago, the decision was made to switch the institution to solar systems, under which electricity supply through solar energy has already begun at the KMC head office building, parks, and important roads. Now, this initiative is being extended to employees by providing them with electric bikes. Each bike has been purchased for Rs215,000," he said.

He added that a charging station has been installed at the KMC head office, and similar facilities will be set up across the city.

In the first phase, bikes are being given to delivery riders, while "pink bikes" will be provided to female officers to support their mobility. He also stated that KMC will not purchase any petrol-powered bikes in the future.

The mayor later handed over the keys to the employees. Deputy Mayor Karachi Salman Abdullah Murad, Municipal Commissioner S.M. Afzal Zaidi, Financial Advisor Gulzar Abro, Deputy Parliamentary Leader in the City Council Dil Muhammad, Jumman Darwan and others were also present.

(By Imran Ayub Dawn, 13, 30/08/2025)

Doctors condemn mayor's remarks against protesting colleagues at ASH

Highlighting a host of issues plaguing the Abbasi Shaheed Hospital (ASH) for a long time, senior doctors representing bodies of medical professionals on Saturday strongly condemned the mayor's recent remarks about the doctors who are protesting the long delay in payment of their stipends at the hospital.

A day earlier, Mayor Murtaza Wahab had warned the ASH protesting doctors to return to work or face disciplinary action, including termination.

"We strongly condemn these remarks; they were unbecoming of a people's representative. The doctors are not asking for any favour. They only want to be paid for their job on time and in parity with their colleagues working at other government-run hospitals in the province," Dr Waris Ali Jakhrani, heading the Young Doctors' Association (YDA)-Sindh, told a press conference here.

The ASH house officers and post-graduate trainees hadn't been paid their stipends for over four months, he added.

Sharing grievances of the doctors, Dr Syed Ahmir Hamid, general secretary Pakistan Islamic Medical Association (Pima), Karachi, said the monthly stipends of ASH house officers and postgraduate trainees were Rs45,000 and Rs75,000, respectively.

"However, trainee doctors in these positions at other public sector hospitals in the province are getting Rs65,000 and Rs104,000, respectively. This is a grave injustice," he said.

Speaking about the dismal state of ASH, Pima-Sindh president Abdullah Muttaqi alleged that 70 per cent of Resident Medical Officers (RMOs) were not working but still getting their salaries.

"There have been no recruitments at ASH and Karachi Medical and Dental College (KMDC) since 2012 and 2007, respectively," he said.

According to speakers, 50pc of doctors have retired and many departments are non-functional at the hospital, while some senior doctors are running their wards with philanthropists' support.

The hospital, they said, faced an acute shortage of medicines, including those which are life-saving. It's deprived of basic facilities, including water, a canteen for over 1,800 employees and adequate staff for cleanliness.

"The condition of the operation theatre is extremely poor, with only two faculty members available for three surgery units. The department of neurosurgery is non-functional, and no trauma operations are being performed.

"The radiology services are also very poor and patients have to go outside for CT scans. It seems that the actual government plan is to privatise the hospital, and charges are being imposed in the name of revenue generation," said Dr Muttaqi.

The mayor and the local government leadership had not provided funds for the development and improvement of the hospital, he said.

(By Newspaper's Staff Reporter, Dawn, 14, 31/08/2025)

Rabies and Karachi

Karachi seems to be in the grip of stray dogs. Well, the statistics do say so. According to health authorities, more than 26,000 dog-bite cases have been reported in the metropolis in the current year alone, with 21 precious lives being lost. The situation points towards a growing health and social challenge which is further exacerbated by limited access to timely treatments and preventative measures.

Rabies is a preventable disease but not a curable one. According to experts, once the symptoms set in, "it is too late for treatment". Therefore, the only way of addressing this problem is either through widespread information campaigns, or by curbing the pervasion of dogs. The rabies crisis is more concerning once compared globally, as many countries have eliminated human rabies deaths through mass vaccination of dogs and ensuring timely access to post-exposure prophylaxis (PEP), an antiretroviral drug to prevent infection.

Pakistan's struggle against rabies highlights a deeply inadequate and inefficient control system, which often involves the culling of dogs through poison - a measure both cruel and ineffective. Although government authorities have not banned culling, they have repeatedly instructed municipal authorities to adopt humane methods instead.

Urban and rural areas alike reveal broader challenges that are tied to rabies prevention. In several districts, hospitals face an acute shortage of anti-rabies vaccines (ARV) and immunoglobulin, and are forced to turn victims away. Simultaneously, myths, misinformation and weak community awareness further complicate the problem, leaving many people dangerously uninformed about urgent first-response practices.

Ending rabies deaths requires more than reactive measures. It demands consistent funding for an adequate supply of vaccines and active community engagement to bridge the currently fatal knowledge gap. Without these, Pakistan risks allowing a preventable disease to continue inflicting avoidable loss of lives.

(By Editorial, The Express Tribune, 14, 01/09/2025)

Shortage of paediatric facilities plagues hospitals

Home to 2.4 million children under the age of five, Karachi is facing an alarming shortage of paediatric intensive care (PICU) and neonatal intensive care unit (NICU) facilities at its government hospitals.

Across eight major public hospitals in the city, there are barely 2,200 beds, 126 ventilators and 309 incubators at paediatric wards and emergencies, which are woefully inadequate given the city's child population. These limited facilities are available at the Civil Hospital Karachi, National Institute of Child Health (NICH), Lyari General Hospital, Liaquatabad Hospital, Qatar Hospital Orangi Town, Sindh Government Hospital Nagan Chowrangi, Sindh Government Hospital New Karachi, and Sindh Institute of Child Health Korangi.

Due to the insufficient number of beds and equipment, children with serious conditions are often turned away, pushing desperate parents towards private hospitals. However, the cost of private healthcare is beyond the reach of most families. Admission to a private paediatric ICU often requires an advance payment of Rs1 to 2 lakhs while the daily cost of ICU care ranges between Rs50,000 to Rs100,000. On top of this, parents must bear the cost of medicines and surgical supplies separately.

Maria, a mother from NIPA Chowrangi, lamented that child treatment had become unaffordable for most parents. "Five years ago, a paediatric consultation cost Rs500 to Rs800. Now, paediatricians charge Rs3,000 to 5,000 per visit. In Gulshan-e-Iqbal, doctors charge Rs2,000 for a five-minute consultation, and blood tests cost another Rs2,000 apart from Rs1,500 for medication. A single illness can cost up to Rs5,000," shared Maria.

Similarly, Iqbal, father of five-year-old Arham, shared that he spent over Rs7,300 in just two weeks while treating his son's fever. "The money was spent on doctor's fees, tests for malaria, dengue, and typhoid, and prescribed medicines. I earn Rs1,200 per day as a factory worker and had to take three days off. This brought the total financial hit to around Rs10,000," said Iqbal.

Professor Dr Waseem Jamalvi, President of the Pakistan Paediatric Association (Sindh), stated that illnesses among children were increasing due to a lack of vaccination and consistent breastfeeding for two years. "These lead to low immunity, developmental issues, and higher vulnerability to infections. Children's treatment has become excessively costly at the private level, with an average of Rs10,000 to Rs30,000 charged per treatment episode," said Dr Jamalvi.

Across Sindh, especially in rural areas, there is a severe shortage of PICUs. In many government hospitals, two to three children are admitted to a single bed due to lack of space. Despite yearly budget increases, no substantial addition has been made to the number of paediatric beds in decades. The current neonatal mortality rate in Sindh stands at 2.9 per cent-that is 29 out of every 1,000 newborns die due to complications.

In many districts across Sindh, there are no functioning PICUs. In the few facilities that are available, there is a lack of specialist paediatricians, trained nurses, and support staff. With 10.2 million children under the age of five—about 17 per cent of Sindh's 60 million population—there is an urgent need for emergency paediatric care.

According to Professor Dr Jamal Raza, former director of NICH, Pakistan has not been able to reduce its neonatal death rate, with 40 out of every 1,000 newborns dying from complications like premature birth, infections, and breathing difficulties.

"Maternal malnutrition, lack of prenatal care, and unsafe home deliveries, especially in rural Sindh, are among the main culprits. In many rural hospitals, incubators are not available even for low-birth-weight babies. NICUs are needed for 20 per cent of the 250,000 annual births in Sindh. NICH has 75 incubators, Civil Hospital has 36 across six wards, and the Sindh Institute of Child Health has 52," noted Dr Raza.

(By Tufail Ahmed The Express Tribune, 04, 01/09/2025)

Drive to vaccinate 8.9m children against polio across Sindh begins

Inaugurating a week-long anti-polio campaign to vaccinate 8.9 million children across Sindh, Federal Health Minister Mustafa Kamal shared serious concern over the growing number of polio cases in the country and regretted that the city of Karachi has a high vaccination refusal rate.

Speaking at a programme at a private school on Monday, he said: "Twenty-seven thousand people in Karachi have refused polio vaccination for their children. In the Gujjo area alone, 1,327 households have declined to let their children have protection against the crippling disease."

Highlighting the challenges in the fight against polio, the minister referred to Afghanistan, one of the two last countries alongside Pakistan where polio is still endemic, currently seeing an immunization drive.

"Right now, a door-to-door polio vaccination drive is in progress across Afghanistan except Kandahar, where children are being immunised at community mosques," he told the gathering.

Kamal regrets 27,000 parents have refused polio vaccine for their children in Karachi

He urged parents not to miss the opportunity and come forward as there was a treatment for even cancer but not for polio. "Once a child falls victim to polio, he is paralysed for the rest of his life."

According to officials, the campaign targets 8.9 million children under the age of five across 25 high-risk districts of the province. Running from Sept 1 to 7, the campaign will see the deployment of over 70,000 trained frontline workers in a door-to-door effort to ensure that every eligible child receives the life-saving oral polio vaccine.

In her message, Sindh Health Minister Dr Azra Fazal Pechuho said, "We have come a long way, but the virus still threatens our children — especially in underserved and mobile communities. I urge all parents to cooperate with vaccinators and ensure their children receive the polio drops."

The campaign covers 1,041 union councils, with special focus on riverine and Katcha areas, as well as underserved urban settlements. More than 20,000 law enforcement personnel have been deployed to support safe and secure operations across the province.

The campaign is supported by the United Nations International Children's Emergency Fund, World Health Organisation, Rotary International, the Gates Foundation, Gavi and the CDC, as part of the Global Polio Eradication Initiative.

The government has appealed to all segments of society — including parents, religious leaders, teachers, students, journalists and civil society organisations — to support this crucial campaign by spreading awareness, countering misinformation, and helping ensure that no child is left unvaccinated.

(By Faiza Ilyas Dawn, 13, 02/09/2025)

Surge in polio vaccine refusals raises alarm

Federal Health Minister Syed Mustafa Kamal has expressed grave concern over the rising number of polio vaccination refusals in the metropolis, revealing that nearly 27,000 parents have declined to vaccinate their children against the crippling disease.

Speaking at the inauguration of the anti-polio campaign in Baldia Town, the minister said that 40 per cent of these refusals were concentrated in Gujro, Baldia, and Ittehad Town in District East. "The prime minister asks me in every meeting about the growing refusal cases in Karachi," he told the gathering at the DHO office in Keamari, where he also administered polio drops to children.

He warned that the detection of the poliovirus in environmental samples across all districts of Karachi posed a serious threat. "Pakistan and Afghanistan are the only two countries in the world where the virus still exists. This year, Pakistan has reported 24 cases — 16 of them in Khyber-Pakhtunkhwa, including 13 from South K-P where campaigns have not been conducted for years," he added.

According to him, 78 out of 127 districts nationwide have tested positive for the virus in environmental samples. "Without the eradication campaigns, nearly 24,000 children in Pakistan could have been disabled this year. Due to these efforts, the number is limited to 24," he added.

Kamal lamented the negative propaganda portraying polio drops as a conspiracy or a weapon of genocide. "These drops are administered across the world, yet nowhere has the population decreased because of them. Would I harm my own children if they were unsafe? I served as Karachi's mayor 20 years ago and as a senator 16 years ago — should I now be labelled a foreign agent?" he asked.

Appealing to parents not to endanger their children's future due to grievances or misconceptions, the minister said the campaign was not a political event but a humanitarian effort to save children from permanent disability. "Our job is to convince parents, not to take action against them," he added.

He further pointed out that even in Afghanistan, the Taliban facilitate polio vaccination, with children in Kandahar brought to mosques to receive drops. "Every pilgrim going for Hajj or Umrah is also vaccinated, which proves that the propaganda is baseless," he added. He warned that parents who refused vaccination would be answerable not only in this world but also in the hereafter.

(By Newspaper's Staff Reporter, The Express Tribune, 04, 04/09/2025)

Expired chemicals seized in fake drug bust

A major attempt to manufacture counterfeit and harmful medicines using expired chemicals was foiled on Thursday. Bin Qasim Police has arrested four suspects and seized dozens of drums and sacks filled with hazardous substances from a truck. The chemicals were reportedly being transported to Punjab, where they were intended for use in the production of new pharmaceutical products.

According to the Malir District Police spokesperson, the arrested individuals — Shakeel, Ameer, Saif ur Rehman, Mir Alam Nizam Bostan, and Hussain Shaukat — were part of a network that stole expired raw materials from pharmaceutical companies. These materials were then repackaged with new expiry dates and sold to smaller pharmaceutical manufacturers, posing a severe threat to public health.

SHO Bin Qasim Faisal Rafiq told The Express Tribune that the arrests were made following a tip-off from an intelligence source. Police intercepted a truck loaded with chemical drums and sacks and discovered that the material, which is used in medicine production, had expired and become toxic.

In total, 82 drums and 21 sacks of expired chemicals were recovered. SHO Rafiq explained that well-known pharmaceutical companies import raw chemical materials for drug production. Once expired, these chemicals must be disposed of through specialised incineration processes, as per standard operating procedures (SOPs).

However, the accused network reportedly colluded with disposal companies to divert these chemicals. Shakeel, one of the arrested individuals, was a supervisor at a chemical disposal company and is believed to have played a key role in facilitating the theft. The chemicals were then sold to smaller pharmaceutical units in Punjab, where counterfeit drugs were manufactured using the expired substances and repackaged with falsified expiry dates.

"This is a dangerous crime," Rafiq emphasised. "Once expired, these chemicals effectively turn into poison and must be destroyed in specially designed incinerators. Using them to make medicines is like selling death in the name of treatment."

The SHO urged the relevant regulatory and health authorities to take strict notice of the matter and interrogate the arrested suspects further to identify the pharmaceutical companies involved. He called for legal action against all those endangering human lives through the sale and distribution of toxic, counterfeit medicines.

(By Munawwar Khan The Express Tribune, 04, 05/09/2025)

Mental health crisis

MENTAL agony plagues too many people. New data from the WHO warns of a crisis of staggering proportions: one billion people worldwide live with mental health issues. Anxiety and depression form the second leading reason for long-term debility. Suicide claims one in every 100 lives among the young — some 727,000 people died by suicide in 2021 alone. At this rate, the SDG target of a one-third reduction in suicide rates by 2030 is unattainable. While the WHO's World Mental Health Today and Mental Health Atlas 2024 reports have highlighted some areas of progress, a vacuum in the global approach to this health calamity is also evident. Additionally, the world economy loses \$1tr annually due to psychological disorders as productivity stands drastically impaired. Although mental illness spares no one, the reports says that women are afflicted at a disproportionate rate.

Matters are bound to turn darker on account of the devastation wreaked by climate catastrophes, and at the moment, Pakistan is reliving the 2022 floods, which impacted 33m people and killed hundreds. Since the end of June, cloudbursts and flash floods have battered KP, Punjab and Gilgit-Baltistan. Reportedly, more than 5.5m are affected, with more than 2m displaced. As authorities stress on physical remedies — aid, relief camps and relocation — they should remain aware of the silent mental health disaster that grips the country. Every displacement, collapsed home, loss of life and livelihood causes debilitating fear, depression, PTSD, and the dire consequences of these. Flood-affected populations in GB, particularly in Ghizer district, face a severe emotional health emergency, triggering a response from the region's government to begin psychological rehabilitation initiatives. With fewer than 500 psychiatrists for 240m Pakistanis, the government has little choice but to seek international collaboration.

Deeper concerns — insomnia, survivor's guilt, 'intrusive memories' — require specialised support to prevent chronic reactions. Psychological repercussions surface over weeks. Climate blows, unlike socioeconomic distress, are here to stay. We cannot continue without disaster-response policies that assimilate mental care, which includes a vast workforce trained in psychological support, mobile mental aid services as well the political commitment to treat mental turmoil.
(By Editorial, Dawn, 06, 08/09/2025)

Cancer burden

It has been a long time coming. Finally, Pakistan is set to create a national cancer registry after President Asif Ali Zardari signed into law a bill reorganising the National Institutes of Health. The NIH will now be tasked with maintaining a central database of cancer cases. The hope is that this registry will provide a clear picture of the country's true cancer burden. At present, the numbers are guesswork. The Global Cancer Observatory recorded 178,388 cases in Pakistan in 2020, but these were largely based on the Punjab Cancer Registry, which covers only parts of Lahore and central Punjab. Extrapolating from such a narrow base to a country of 240m people is a recipe for undercounting. Official figures almost certainly underestimate the problem. The result is that health policy is crafted in the dark, treatment capacity is misallocated and awareness campaigns are scattershot. A functioning national registry could change this. By recording confirmed cases, deaths, recoveries and demographic data — such as age, gender and location — policymakers will have a sharper tool for designing prevention programmes and allocating resources. Researchers will gain access to a dataset that can identify patterns — whether in lifestyle, environment or genetics — that raise cancer risk. International donors and research bodies, long wary of our patchy data, may be more willing to invest in programmes once the scale of the problem is better understood.

But registries are only as good as the systems that feed them. Previous attempts at a national registry failed for lack of resources and institutional coordination. Pakistan's health infrastructure is fragmented, underfunded and overly reliant on ad hoc donor projects. Rural areas, where medical records are sparse, will be particularly difficult to capture. Ensuring patient privacy, as the bill promises, will also be vital to maintaining public trust. The registry, in short, is a necessary but insufficient reform. It will provide the map. But maps are useless without vehicles to traverse them — and without leaders willing to steer those vehicles towards meaningful progress. Pakistan must pair this initiative with stronger cancer screening programmes, more oncology centres outside big cities and expanded palliative care. Cancer is rising sharply in low- and middle-income countries. Without investment in treatment and prevention, Pakistan risks turning this new database into nothing more than a bleak national roll-call.
(By Editorial, Dawn, 06, 09/09/2025)

Call for joint action against cervical cancer

Speakers at a seminar held on Wednesday underscored the need for collective action against the spread of Human Papillomavirus (HPV), the primary cause of cervical cancer and one of the "leading contributors" to cancer-related deaths among women in Pakistan.

The event — A Unified Front: Advancing HPV Prevention in Sindh — was organised against the backdrop of a provincial HPV vaccination campaign for girls aged 9-14, scheduled from Sept 15 to 27. Part of a nationwide initiative, it marks the "country's first-ever" HPV vaccine drive.

The seminar brought together key stakeholders, government representatives, healthcare professionals and civil society members, emphasising prevention through awareness, vaccination, and access to screening and treatment.

In his remarks, Dr Abdul Bari, president of the Indus Hospital & Health Network (IHHN), which organised the event at a local hotel, shared the organisation's initiatives in spearheading HPV awareness and vaccination efforts.

"This effort is deeply personal for us. Every girl vaccinated, free of cost, is a daughter whose future is safeguarded, and a community that grows stronger as a result," he said.

"We are proud to walk hand in hand with the government to make this possible for all girls and their families," he added.

Dr Raj Kumar, project director for the Expanded Programme on Immunisation (EPI) Sindh and the event's chief guest, delivered the keynote address, highlighting the role of vaccines in protecting against several illnesses.

"Every girl deserves the chance to grow up free from cervical cancer. The introduction of the EPI vaccine in Sindh is a groundbreaking step towards safeguarding the health and future of every girl. With this vaccine, we can save thousands of lives," he said, adding that the vaccination campaign reflected the government's commitment to protecting the rights and wellbeing of girls.

This was followed by an interactive panel discussion featuring experts from IHHN, EPI Sindh, and Mannion Daniels Ltd, as well as Gavi, the Vaccine Alliance. The session was facilitated by Sania Saeed, IHHN's brand ambassador for childhood cancer.
(By Newspaper's Staff Reporter, Dawn, 14, 11/09/2025)

First artificial knee replacement at JPMC

For the first time, a successful artificial knee replacement surgery for a cancer patient was completed at Jinnah Postgraduate Medical Centre (JPMC). The Rs3.5 million procedure was performed entirely free of cost, giving a 26-year-old young man a new lease on life.

Dr Farukh Rauf, an Orthopedic Surgeon at JPMC, stated that if the operation had not been performed in time, the cancer could have spread and affected the young man's entire leg.

The doctor noted that there were challenges during the procedure due to the veins in the leg, but stated that the team's hard work paid off. Dr Farrukh reported that all of the patient's post-operation tests are normal, with no trace of cancer remaining in his body. Further, he revealed that this type of artificial knee, used worldwide, typically lasts 20 to 25 years.

The four-hour-long surgery was performed by a team led by Dr Farukh, with Dr Muzaffar, Dr Wali, Dr Shahid, and Dr Khushhaal also taking part. The plastic surgery team included Dr Agha Waseem, Dr Mehak, Dr Komal, and Dr Farooq.
(By Newspaper's Staff Reporter, The Express Tribune, 04, 12/09/2025)

Brain-eating amoeba claims life of another young man

Another young person in Karachi has died from *Naegleria fowleri*, commonly known as the brain-eating amoeba, bringing the total number of fatalities to five this year.

According to the Sindh health department, the 29-year-old man, a resident of district Central, passed away on Sept 11.

"The patient started experiencing symptoms on Sept 7 and admitted to a private hospital on Sept 11. The presence of *Naegleria fowleri* was confirmed on Sept 12, after he passed away," health department spokesperson Meeran Yousuf said in a statement.

Investigation into the case indicated that the patient had not participated in any water-related activities. His only exposure was regular use of tap water for drinking and bathing purposes, the statement added.

Commonly known as "brain-eating amoeba", *Naegleria Fowleri* is commonly found in warm fresh water — such as lakes, rivers and hot springs — and soil.

Only one species, *Naegleria fowleri*, infects people when water containing the amoeba enters the body through the nose. This typically happens when people go swimming, diving, or when they put their heads under fresh water, like in lakes and rivers. The amoeba then travels up the nose to the brain, where it destroys the brain tissues and causes Primary Amoebic Meningoencephalitis (PAM).

The first symptoms of the PAM usually start about five days after infection and may include headaches, fever, nausea or vomiting. Later symptoms can include a stiff neck, confusion, a lack of attention to people and surroundings, seizures, hallucinations and comas.

After symptoms start, the disease progresses rapidly and usually causes death within five days. The germ cannot survive in cool, clean and chlorinated water.
(By Newspaper's Staff Reporter, Dawn, 13, 14/09/2025)

In a first, local doctors in Karachi team up to perform rare heart disorder surgery

Amidst a constant flow of distressing news emerging from their hometown in flood-hit Multan, Sajid Hussain and his wife Samina find some solace when they look at their son Ayan today without feeling a surge of anxiety.

The five-year-old suffering from a potentially life-threatening heart condition has recently undergone a highly specialised surgery, brightening his chances to live a normal life.

The successful procedure — performed for the first time in Pakistan — was nothing less than a miracle for the family that has lost four children to the same illness before.

"After a long time, my heart is at peace; he hasn't fallen ill even for once after the operation," his mother Samina says, recalling that Ayan earlier used to react to any unpleasant thing by holding his breath, turning pale, and then fainting.

Married to her cousin, 30-something Samina had three stillbirths, too. With three surviving children including Ayan, the family is devastated by the ongoing floods that swept away their house and forced all loved ones to take shelter in relief camps.

"In these desperate times, Ayan gives us hope. We are too happy to see him, without a fear of losing him to the sudden illness," she says.

While Sajid has been working in Karachi as a labourer since 2009, the family finally moved from their village in Multan to the city in 2023 when someone told them that Ayan could be treated for fainting free of cost here.

Ayan was initially treated at a public sector hospital from where he was referred to the National Institute of Cardiovascular Diseases (NICVD).

Life with disabilities

At the NICVD, Ayan was diagnosed to have a severe type of heart rhythm disorder that causes fast, chaotic heartbeats.

“He presented to us when he was three-and-a-half-year-old with multiple episodes of fainting and seizures. He has a severe type of Long QT Syndrome (LQTS), a type of inherited arrhythmia syndrome,” shares Dr Muhammad Mohsin, who initiated and heads the inherited arrhythmia clinic at NICVD, the first of its kind in the country.

He explains that the heart is otherwise normal (in individuals with heartbeat disorders) but the heartbeat at times becomes fast and irregular and presents with either seizures or sudden cardiac death in young healthy individuals less than 30 years old.

“These are rare conditions but not that rare. For instance, the incidence of LQTS is estimated to be 1:2,500 live births. Consanguinity not only increases the risk (for these disorders) but also can cause the most severe phenotypes of disease as is in Ayan’s case. He is deaf and dumb that is part of the severe phenotype of LQTS.”

According to Dr Mohsin, also part of the team that conducted the surgery, the usual treatment of the heartbeat disorders is medication but if patient has cardiac arrest despite medication than implantable cardiac defibrillator (ICD) — a battery-powered device that detects and corrects abnormal heart rhythm — and/or surgery is needed.

“Initially, we put the device in but he had recurrent shocks every time his heartbeat became life threatening so we decided to proceed for the surgery known as left cardiac sympathetic denervation (LCSD), which was not done before in Pakistan,” he said.

The surgery, Dr Mohsin pointed out, was considered because Ayan had very frequent shocks from ICD (almost every week up to four shocks in a day) and LCSD would help in reducing the frequency of those shocks.

Uniting for a cause

The LCSD, experts say, aims at reducing the overstimulation of the heart by removing specific nerves on the left side of the spine to reduce the risk of sudden cardiac death.

The NICVD collaborated with the Aga Khan University Hospital (AKUH) for the specialised minimally invasive heart surgery costing around Rs600,000. The much-needed financial assistance was met through the AKUH’s patients’ welfare programme and a donor’s support, ensuring that the family didn’t bear the burden.

“The operation went very well. It took us 21 minutes to carry out the procedure for which three incisions were made. The biggest one was 5mm and the other two were 3mm each. A camera was inserted through the [5mm] incision and the other two were used to insert the [surgical] equipment,” says Dr Saleem Islam, senior Paediatric Surgeon and Chair, Department of Surgery at Aga Khan University.

Few centres in the US and Canada, he says, carry out the rare surgical procedure and a lot of homework was done prior to the surgery to ensure its success.

Asked about the challenges faced, Dr Islam said: “The most difficult part was the patient selection. We knew we had to have the right family as this was the first time that we were doing the case anywhere.

“After that, it was the organisation with our anaesthesia colleagues because the anaesthesia part was the challenge too. Overall, what this case represents is how complex medical care has to be delivered by teams of experts in this day and age as no physician or surgeon can provide everything for everybody,” he said.

(By Faiza Ilyas Dawn, 13, 14/09/2025)

Mayor opens first haemophilia ward for women at Abbasi Shaheed Hospital

City Mayor Barrister Murtaza Wahab on Saturday inaugurated Pakistan’s “first-ever” haemophilia ward dedicated to women at the Abbasi Shaheed Hospital, where modern facilities have been arranged for the treatment and care of female patients.

Speaking to reporters after the inauguration, the mayor said that separate rooms and beds had been allocated for haemophilia patients in the ward to ensure privacy and comfort for women during treatment.

Haemophilia specialist doctors and trained nurses would be available round the clock, while clotting factor medicines and other modern facilities would also be provided, he said.

During treatment, special awareness sessions would be arranged for admitted patients and their caregivers to help prevent complications and manage the disease effectively, he added.

Accompanied by Deputy Mayor Karachi Salman Abdullah Murad, Deputy Parliamentary Leader in City Council Dil Muhammad, Juman Darwan, doctors and paramedical staff, the mayor said haemophilia did not only affect men but could also affect women. Therefore, the establishment of this ward was a significant and positive step.

“In case of an emergency, immediate treatment facilities will also be available, enabling timely and free access to modern medical care for female haemophilia patients. This ward is a ray of hope for the public as expensive treatment for haemophilia has now become accessible to ordinary citizens,” he added.

Mr Wahab thanked the Pakistan Haemophilia Society (PHS), particularly Azmatullah Lund, for partnering with the Karachi Metropolitan Corporation (KMC) under a public-private partnership for this noble cause.

He said haemophilia treatment cost hundreds of thousands of rupees, which was beyond the reach of the common man. People often resorted to traditional remedies, which did not resolve the issue, whereas this ward provided not only quality treatment but also proper awareness to patients.

He further stated that six months ago officials of the PHS had approached the KMC with a proposal to establish haemophilia wards in KMC hospitals. The KMC provided the space, while all treatment facilities were made available to the public free of charge.

Earlier, a male ward had also been established from which thousands of patients had benefitted, and now a separate ward for women had been set up.

Second lift mishap at Abbasi Shaheed

Meanwhile, the lift at the health facility carrying journalists covering the event malfunctioned and made a sudden descent from the third to the first floor.

This was the second such incident since February. In the first, the mayor himself had witnessed the deteriorating infrastructure and declining services of the KMC-run Abbasi Shaheed Hospital when he survived unhurt after a lift at the facility, carrying him and other officials, suddenly descended from the fourth to the first floor.

On Saturday, all those onboard remained safe but were stuck inside the lift for several minutes after it stopped abruptly on the first floor. The situation created a scene that drew an immediate response from the KMC.

"The elevator reportedly fell due to being overloaded beyond its weight capacity," said the KMC spokesman.

"By the grace of God, no journalist or individual was harmed in the incident. In response, Mayor Wahab ordered an immediate investigation into the matter. The KMC has also requested a detailed report on the maintenance status of the elevator system at the hospital.

Authorities are treating the matter seriously and have assured the public that necessary measures will be taken to ensure safety protocols are strictly followed in all public healthcare facilities," the spokesperson added.

(By Imran Ayub Dawn, 14, 14/09/2025)

Brain-eating threat

Dubbed as a 'brain-eating amoeba', *Naegleria fowleri* has claimed yet another life in Sindh, bringing the total tally of the province up to five this year. The most recent unsuspecting victim, a 29-year-old male resident of Karachi, was not even diagnosed before his demise. The young man unfortunately passed away merely four days after experiencing symptoms, and laboratory tests confirmed the cause a day after the patient's death. Not only are these details spine-chilling, but they serve as a blaring call for precaution against this deadly amoeba that is only preventable, not curable.

The survival rate of *Naegleria fowleri* is less than 5% globally, with certain drug combinations being completely ineffective in humans despite killing the amoeba in a laboratory setting. With no known cure, the most effective method of prevention is to strictly use chlorinated or treated water for nasal rinsing, as the amoeba enters the brain by traveling up the olfactory nerves in the patient's nose. Water bodies such as lakes and rivers are also hotspots for infections; therefore, it is important to avoid swimming or diving in such places lest it causes nasal exposure or inadvertent contact with contaminated water.

The authorities should assume responsibility for chlorinating water at all water storage facilities to keep the amoeba at bay. Health officials clarify that the most recent victim of the disease had not partaken in any "water-related activities" and was most likely infected through tap water. Therefore, the Karachi Water and Sewerage Corporation must once again be instructed to perform due diligence as precaution is necessary at both personal and institutional levels. As the disease rapidly progresses and transforms into a fatal tragedy, it is best to err on the side of extreme caution and prevention.

(By Editorial, The Express Tribune, 14, 16/09/2025)

First-ever drive against cervical cancer launched across Sindh

The Sindh health department launched the HPV (Human Papillomavirus) vaccination campaign — the first-ever initiative in the province to protect young girls from cervical cancer — across all districts on Monday.

According to officials representing the Expanded Programme for Immunisation (EPI), the campaign targeting 4.1m girls aged 9 to 14 will run till Sept 27. It will cover all 1,190 union councils across 30 districts, deploying 3,611 teams to schools, madressahs, communities, and EPI centers.

A ceremony was organised at the Khatoon-i-Pakistan Government Girls School, where speakers highlighted the importance of the vaccine, addressing myths and misconceptions.

Cervical cancer, they said, is the second deadliest cancer for women worldwide and a major health threat in Pakistan, with a mortality rate exceeding 65 per cent. HPV is the primary cause of cervical cancer and the vaccine is the first-ever cancer prevention vaccine.

4.1m girls aged nine to 14 will be administered HPV vaccine in all districts

"It's safe and effective, providing 100 per cent protection from cervical cancer. The campaign symbolises the government's commitment to protect the health of our daughters. By vaccinating today, we are preventing tomorrow's tragedies and ensuring a stronger Sindh," said Sindh Health Minister Dr Azra Fazal Pechuho in her remarks.

The ceremony was attended by musician-turned-social worker Shehzad Roy, Education Minister Sardar Shah, senior health professionals, local and international partners, including experts representing the WHO, Gavi, Unicef and Jhpiego, members of academia, civil society and government officials.

According to officials, Sindh has become the first province in Pakistan to introduce the HPV vaccine into its routine immunisation schedule, aligning with the WHO's Global Strategy to Eliminate Cervical Cancer.

"This is a milestone in Sindh's immunisation history. Over 8,000 trained vaccination teams are mobilised across all districts to ensure maximum coverage. Our mission is to reach every eligible girl and protect future generations from the threat of cervical cancer," said EPI Project Director, Sindh, Dr Raj Kumar.

This vaccine has the potential to make Sindh and Pakistan free from cervical cancer, which has a mortality rate of over 65 per cent, he said.

The first phase of the 12-day vaccination drive (excluding Sundays) will cover girls enrolled in schools and out-of-school girls at community locations (markets, parks, madrassas, vocational centers).

Fixed-site sessions at health facilities and mobile teams in hard-to-reach areas will expand coverage. Catch-up doses will be available for those who miss the initial campaign. Routine HPV vaccination will start from January 2026, targeting nine-year-old girls annually, with continued school outreach.

According to officials, Pakistan is the 149th country to introduce this vaccine into its immunisation schedule. It's already being used in Muslim countries, including Saudi Arabia, Qatar and Indonesia.

Later, the health minister inaugurated a health carnival in Sultanabad, marking the launch of the HPV vaccination drive, by the Indus Hospital & Health Network (IHHN).

Speaking at the event, Thabani Maphosa, chief country delivery officer at Gavi, the Vaccine Alliance, said: "A single dose of the HPV vaccine can prevent most cases of cervical cancer. Yet every two minutes, a woman loses her life to this disease, including thousands in Pakistan each year."

At the event, girls received their free HPV vaccine at the EPI booth, then made impressions with their painted hands on a specially made wall with a banner reading "I Am Vaccinated" — a colorful pledge to protection.

The event featured discussions on cervical cancer and several other activities, highlighting importance of the campaign.
(By Faiza Ilyas Dawn, 13, 16/09/2025)

Govt hospitals' staff damaged costly equipment to boost private lab business, PAC told

The Public Accounts Committee (PAC) of the Sindh Assembly was on Monday informed by the provincial health secretary that in several major hospitals across the province, Computed Tomography (CT) scan and Magnetic Resonance Imaging (MRI) machines had been deliberately damaged by technicians to divert patients to private diagnostic laboratories for testing.

The disclosure came during a PAC meeting that reviewed the audit reports of the provincial health department for 2024 and 2025.

Health Secretary Rehan Baloch told the committee that a significant number of CT scan and MRI machines in Sindh's leading hospitals had remained non-functional for years. He added that action had been initiated against technicians responsible for damaging the equipment.

PAC Chairman Nisar Ahmed Khuhro expressed grave concern and regret that CT scan and MRI machines purchased at a cost of millions of rupees had been rendered inoperative in most hospitals.

He observed that complaints regarding non-functional diagnostic machines at the Ghulam Muhammad Mehr Medical College Hospital in Sukkur were particularly disturbing, adding that reports indicated the hospital's MRI machine had long been out of order, compelling patients to seek costly tests at private facilities.

When asked, the health secretary claimed that he had taken measures to repair or replace the faulty medical equipment in public sector hospitals.

The PAC chairman directed the health secretary to ensure the immediate repair and functioning of these vital diagnostic machines and to submit a comprehensive progress report on measures taken to resolve the issue.

The PAC also ordered strict action against those selling unregistered and counterfeit medicines, as well as those operating without licences.

It directed that such establishments be sealed and cases filed against offenders.

It also emerged during the meeting that medical superintendents in different districts had purchased medicines worth more than Rs3 billion at the local level without inviting tenders.

The health secretary informed the PAC that medicines were procured during emergencies under the Public Procurement Regulatory Authority (PPRA) rules. He said that the procurement process typically involved central-level purchases accounting for 85 per cent of medicines, while 15pc could be bought locally.

The PAC sought a detailed list of medicines purchased for various hospitals at the local level on quotations without inviting bids.

The committee also ordered a third-party audit into the lack of improvement in the cleanliness system at the Dr Ruth Pfau Civil Hospital Karachi, despite an annual expenditure of Rs135 million on sanitation.

The meeting was attended by PAC members Khurram Karim Soomro and Taha Ahmed, along with senior officials of the health department.

(By Tahir Siddiqui Dawn, 13, 16/09/2025)

Polio violence

In the thick of rising polio cases and relentless vaccination campaigns, the abduction of three senior WHO officials monitoring one such campaign marks a sombre day in the journey against this fatal disease. The three officials were abducted in the Tank district of Khyber-Pakhtunkhwa, the most recent province to report two more confirmed polio cases. While the crime has not been officially claimed by any group, the Tank district harbours a violent history of abductions and attacks by militant groups actively working to disrupt polio vaccination campaigns.

The WHO officials – including a District Surveillance Officer, a Union Council Communication Support Officer and a Union Council Polio Officer – were just about to begin a sub-national anti-polio campaign in the high-risk K-P district when they were abducted. Unfortunately, such tribal regions are not only high-risk but also high insurgency. In the past, militant groups have violently opposed anti-polio vaccination campaigns on grounds of their unfounded beliefs that vaccination programmes are either propagandist in nature or defy the will of God. Therefore, they attack, intimidate, kidnap and kill.

While Pakistani state officials have enacted several security and monitoring strategies for anti-polio campaigns, a comprehensive and formalised surveillance strategy for polio workers that is proactive in nature and focuses on detecting and preventing attacks is yet to be seen. And clearly, the appointed police force is not adequate in keeping the rebels at bay. What Pakistan needs is a strategy beyond general security deployment. It needs intelligence monitoring of security threats as well as alert systems that ensure protection no longer relies on reactive measures. The pattern of heightened security and police patrolling until after a criminal incident against polio workers must be broken. Equally, every possible resource must be mobilised to ensure a swift and safe recovery of the abducted officials.

(By Editorial, The Express Tribune, 14, 17/09/2025)

Floods and healthcare

DEVASTATING floods are now an annual emergency in Pakistan. Climate change is hitting hard, manifesting in new weather patterns including cloudbursts. Sudden torrential rainfall, which continues relentlessly, can literally move mountains. This phenomenon was observed in many places in the northern parts of the country. The gushing water sweeps away boulders, trees, soil and everything else in its way, including houses, vehicles and livestock. Witnessing the aftermath of one such cataclysmic event in Qadir Nagar in Buner was an unforgettable experience, as was meeting an old man there who had lost 31 members of his family in the Aug 15 cloudburst.

The people's suffering during the floods is manifold, immediate and long-term, direct and indirect. Suddenly, everything is washed away, sometimes even loved ones, and, in many cases, livelihoods. They are uprooted from their homes and communities; they get separated from their loved ones, and there is no longer any social support network. As a result, they undergo extreme mental stress and, in many cases, suffer physically.

Hence, any emergency response during the flood season has a healthcare component. In order to organise a suitable healthcare response, it is important to understand what afflicts people most frequently during the floods.

In general, there are five groups of medical and healthcare problems during the floods, and healthcare provision should be planned accordingly.

Five groups of healthcare problems are observed during floods.

The first set of problems is seen immediately after the onset of the floods. These challenges are of an acute nature and require an immediate medical response. They include mild to serious injuries, which are caused by people struggling to save themselves from drowning, hypothermia due to prolonged submergence in water, injuries due to the collapse of buildings and infrastructure,

and snakebites. All this requires first aid and shifting the more seriously injured to the appropriate health facilities. Some of them may require minor or even major surgeries.

The second group follows the first, ie, the spread of waterborne diseases, including but not limited to diarrhoea (especially among children), cholera, typhoid and hepatitis E. Malaria and dengue also spread during this time due to stagnant pools of water. Allergic skin rashes and scabies are common as well. The provision of safe drinking water and food is critical not only for hydration and nutritional purposes but also to prevent the spread of waterborne diseases. Along with that, hand washing, sanitation and other infection prevention and control measures should be promoted among the people.

With an increasing number of environmental samples testing positive for poliovirus and the growing number of polio cases in the north, there is a need to carry out special polio vaccination campaigns in the flood-affected areas as and when possible. Under unsanitary conditions, poliovirus can contaminate food and water. Likewise, the cholera vaccination should be considered to control likely outbreaks. An outbreak of measles must also be anticipated in camps.

The third group is composed of flood-affected people whose healthcare has often been ignored. These people were already suffering from chronic health conditions. Their healthcare is further disrupted due to the flood emergency. Chronic conditions, or non-communicable diseases, usually require lifelong treatment. Diabetes, in particular, needs to be mentioned. Insulin and other antidiabetic medicines are a lifeline for patients with diabetes. Likewise, patients of blood pressure, with chronic respiratory problems, require medications to be continued.

The fourth group of problems consists of mental health issues, which make up another, often ignored, and, unfortunately, stigmatised category. The stress of loss causes anxiety and depression. Mental health support to the flood-affected must be planned as part of the medical response and should not be an afterthought or relegated to non-essential care. Trained mental health professionals should be part of the medical team. Post-traumatic stress disorder is the most commonly occurring condition, and must be handled with care.

The fifth category consists of vulnerable groups and their special needs. Pregnant women, young children, old women and men, and persons with disabilities — all require special and prioritised attention to their condition and needs in times of emergency.

These five sets of problems can guide the selection of medicines and other medical supplies and composition of the healthcare teams — including those with mental health training.

A well-meaning but ill-informed healthcare response as part of the overall emergency response can be insufficient, even counterproductive. It is not just about providing medicines doled out by laymen to unsuspecting people, who may only suffer their side effects. Planning healthcare for the flood-affected people requires not only medical (curative) services but also equally important preventive, promotive and rehabilitative health services.

Indiscriminate medicine donations by families and pharmaceutical companies can sometimes create more problems than they solve. There is a lot of international experience of bad medical donations during times of emergency, which cannot be used. Eventually, they have to be disposed of, which is also a challenge.

The WHO has developed, and has been supplying, a number of standard emergency health kits. Over the years, the agency has improved these kits, learning from emergency experiences around the world. Of special relevance is their Interagency Emergency Health Kit, which can serve the medical needs of 10,000 people for three months. Another one is the Cholera Kit-2020, which can serve the needs of 100 patients. There is much to learn from the contents of these kits in order to organise medical supplies. There is a lot of literature available on this on the WHO's website and in its publications.

The most difficult part of the response is helping people get back on their feet and restart their lives. By that time, all early responders have gone back. The floods are no longer breaking news for the media. People have a long walk ahead to resettle themselves as they were before the floods began — often without help and in depressing loneliness. Relief should include recovery.

(By Zafar Mirza Dawn, 06, 19/09/2025)

Over 550,000 girls get HPV vaccine shots as drive continues in Sindh

Despite facing multiple challenges, especially vaccine hesitancy in parts of Karachi and constant flow of misinformation on the social media against the human papillomavirus (HPV) vaccine, the Sindh health department has claimed to have achieved 60 per cent vaccination coverage, providing protection to over 550,000 girls against cervical cancer in four days in the province.

The campaign targeting 4.1 million girls aged nine to 14 will run till Sept 27.

This information was shared by Sindh EPI Project Director Dr Raj Kumar while talking to Dawn on the public response the department has received since the launch of the HPV vaccination drive on Sept 15 — the first-ever initiative in the province to protect young girls from cervical cancer .

"The response has been mixed and there are a lot of challenges, especially vaccine hesitancy in parts of Karachi, unlike other areas of Sindh," he said, adding that vaccine hesitancy had largely been reported from districts South and Central.

The EPI official sought the media's support to countering false and misleading information being spread through the social media against the drive.

EPI official confirms cases of vaccine hesitancy in parts of Karachi

"We need to promote a positive image [of the drive] and give the correct information. People should also read scientific literature on the HPV vaccine; its efficacy and its critical role in bringing down numbers of cervical cancer cases in different countries," he said.

Replying to concerns being raised by certain quarters over the young age-group (nine to 14) selected for vaccination, he said: "Yes, our cultural values are different [from countries where girls are sexually active at young age]. But, vaccination in this age-group provides the best protection against cervical cancer as there is zero likelihood of HPV infection."

The single-dose vaccine, he pointed out, was already part of the immunisation programme in some 150 countries. "Right now, our programme covers 12 vaccine-preventable diseases. This vaccine will be added to it next year."

Meanwhile, the Pakistan Paediatric Association, Pakistan Medical Association and Society of Obstetricians and Gynaecologists Pakistan (SOGP) once again extended their full support to the ongoing drive.

"This is a positive government initiative. We believe that the government should employ all means to encourage and convince families to get their daughters vaccinated," said Dr Shabeen Naz Masood representing SOGP.

She emphasised the need to learn from countries making use of this vaccine for a long time.
(By Faiza Ilyas Dawn, 14, 19/09/2025)

Health minister gets daughter vaccinated to dispel HPV misconceptions

Federal Health Minister Mustafa Kamal on Saturday got his daughter vaccinated against cervical cancer to dispel false propaganda about the human papillomavirus (HPV) vaccination campaign.

Speaking at a press conference here at the Drug Regulatory Authority of Pakistan (DRAP) office, the minister said misleading propaganda had been spread against the vaccine and that he wanted to prove with action, not words that it was safe.

"I have never brought my family into the public eye in my 30-year political career," he told journalists. "But to put an end to these baseless rumours, I have taken this step."

Mr Kamal said that just as he cared for his own daughter, he considered the daughters of the nation equally precious. "Our purpose is to seek Allah's approval by protecting our people from disease," he added.

The minister stressed that Pakistan's healthcare system could not provide treatment to every citizen and that many patients remained in hospitals for extended periods. He called for greater emphasis on vaccination as a prevention.

The health minister also said that more vaccines would be introduced in the future and urged the public to adopt them to shield the nation from life-threatening illnesses.

"Cancer is a deadly disease that affects not just an individual but entire families and prevention remains the best path forward," he concluded.

It might be recalled that the federal government, as well as governments of Punjab and Sindh, had launched the first-ever vaccination campaign against cervical cancer on Sept 15. The campaign targeting millions of girls aged nine to 14 will run till Sept 27.

According to officials, the Sindh health department is facing multiple challenges in meeting the target, including vaccine hesitancy in parts of Karachi, which they blame on the constant spread of misleading information through social media.

However, the department claims to have achieved 60 per cent coverage, providing vaccination to over 550,000 girls across the province in four days since the campaign's launch.

Pakistan is the 149th country to introduce this vaccine into its immunisation schedule. It's already being used in Muslim countries, including Saudi Arabia, Qatar and Indonesia.
(By Newspaper's Staff Reporter, Dawn, 13, 21/09/2025)

World no closer to polio eradication after 37 years, \$22bn spent: Independent Monitoring Board

As Pakistan reports 26 new polio cases this year, the global polio monitoring board has issued a stark warning that efforts to eradicate the disease are failing.

After 37 years and \$22 billion invested, the world has reached an "inflection point" where, traditional methods offer diminishing returns, the Independent Monitoring Board (IMB) on polio said in its latest report.

The 'glass mountain' of polio eradication has proven unclimbable through conventional methods, it says, calling for fresh thinking and unambiguous country ownership to achieve success.

In a letter to World Health Organisation Director-General Dr Tedros Adhanom Ghebreyesus, IMB Chairman Sir Liam Donaldson said the report, titled 'The Glass Mountain' arrives at a critical juncture.

"The confluence of persistent viral transmission, unprecedented geopolitical disruption, and severe financial constraints has created conditions that fundamentally challenge the programme's survival and success," Mr Donaldson wrote.

He noted that early optimism in 2023 has been replaced by the "stark reality of resurgence," as historical reservoirs of the virus — a reference to Pakistan and Afghanistan — have been reinfected.

The IMB, which works on behalf of international donor agencies, said that fresh thinking, institutional courage, strategic realism, and unambiguous country ownership were the only paths to success.

The board identified several "systemic intractable weaknesses" hobbling the programme, including "performance-blind funding mechanisms that provide resources regardless of outcomes; fragmented integration approaches that fail to leverage synergies with essential immunisation; lack of country ownership and transactional behaviour; and accountability systems that generate reports rather than consequences."

To address these deep-rooted issues, a fundamental shift in strategy and accountability is proposed.

The IMB has suggested moving responsibility for stopping wild poliovirus in Pakistan and Afghanistan to the WHO Eastern Mediterranean Regional (EMRO) Ministerial Polio Subcommittee.

This, Mr Donaldson argued, could combat the persistent "perception that polio eradication is something 'the West wants' rather than a regional priority," potentially reducing community hostility, boycotts, and security threats that have resulted in the deaths of polio workers and police officers, especially in Pakistan.

This proposal has now been formalised, as the polio oversight board adopted the 2026 GPEI Action Plan on Sunday.

In a post on X, Hanan Balkhy, the regional director for WHO-EMRO said the coming low transmission season offers the best chance to stop wild poliovirus in Afghanistan and Pakistan.

Mr Donaldson's letter also pointed to a dramatically altered geopolitical landscape, citing major disruptions to the Global Polio Eradication Initiative.

"The United States withdrawal from WHO, the dismantling of USAID, and the severe curtailment of CDC's global health mandate represent the most significant disruption in GPEI history," Sir Donaldson stated.

It also noted that since the report was finalised, there had been two serious monsoon-related floods in different parts of Pakistan, an earthquake in Afghanistan, a child malnutrition crisis in Borneo and a potential peace settlement in eastern Democratic Republic of the Congo, which have changed the operating landscape for polio.

Pakistan's claims challenged

The report also challenges Pakistan's recent claims of progress. While Islamabad asserts it had interrupted polio transmission from 2021 to 2023, the IMB said this was likely an inadvertent result of Covid restrictions, that were "hostile to poliovirus spread", rather than an outcome of programmatic improvements.

The operating environment for polio is constantly shifting. After the IMB meeting and as the report was being finalised, there were: two serious monsoon-related floods in different parts of Pakistan, an earthquake in Afghanistan, a child malnutrition crisis in Borno and a potential peace settlement in eastern Democratic Republic of the Congo.

A Pakistani polio expert, who spoke on the condition of anonymity, agreed with the IMB's assessment, highlighting an absence of accountability, innovation, and integration.

"Interestingly, as usual, government's ownership despite PM's intense engagement has been questioned," the expert said. "This IMB report questions the money and time spent against the targets and in midst of virus circulation and resurfacing has questions the viability of the program."

As a solution, the expert suggested "shifting the management and ownership in real sense to the government, restructuring the program, integrating with EPI and holding the chronic poor performers to account at the high level can address the issues".

(By Ikram Junaidi Dawn, 01, 22/09/2025)

Karachi shocks HPV campaigners with lowest coverage rate

As the HPV (human papillomavirus) vaccination campaign enters its final stages, data collected by the Sindh Expanded Programme on Immunisation (EPI) shows that Karachi has seen the lowest coverage so far in the province, much to the surprise and disappointment of health department officials and experts.

Launched last week, on Sept 15, the first-ever initiative in the province to protect girls, aged nine to 14, from cervical cancer concludes on 27.

The drive targets 4.1 million girls, aiming to cover 1,190 union councils across 30 districts of the province.

According to the data, 57 per cent girls have been vaccinated in seven days across the province with Naushahro Feroze seeing the highest coverage (89pc) followed by Qambar (88pc), Badin and Sujawal (85pc each), Ghotki (84pc), Sanghar (82pc), Tharparkar (81pc), Sukkur (80pc), Kashmore (79pc), Dadu (74pc), Umerkot (73pc), Khairpur and Tando Muhammad Khan (72pc each), Larkana and Matiari (71pc each), Thatta (70pc), Jamshoro (66), Shaheed Benazirabad (64pc), Shikarpur (59pc), Mirpurkhas (51pc), Tando Allahyar (50pc), Hyderabad (49pc) and Jacobabad (46pc).

Karachi division has seen an overall 33pc vaccination coverage. Of the target 887,692, a total of 288,477 girls have been vaccinated so far.

The highest coverage was recorded in District West (65pc) followed by Korangi (38pc), District South (34pc), District Malir (32pc), Central (27pc), East (22pc) and Keamari (12pc).

"There has been persistent false propaganda against the HPV vaccine by some social media influencers from day one that greatly harmed the campaign in Karachi where they have large following. These people have no medical background. Opposition from certain religious circles came in at a later stage," Dr Khalid Shafi of the Pakistan Paediatric Association said, while explaining the poor public response to the vaccination campaign in Karachi.

A significant population (affected by the misleading information), he pointed out, decided to wait and see the drive's outcomes. "Hopefully, the families would re-think their decision. Having said that, our vaccination rates are generally around 70 percent, even without people spreading false information."

EPI Project Director Dr Raj Kumar described Karachi's response as "surprising".

"Towns with low literacy levels have performed better. I think area MPAs and political leaders played a key role in encouraging families (in rest of Sindh) to get their daughters vaccinated," he said, adding that there wouldn't be any major change in the strategy at this moment.

"However, we have increased sessions of parental counselling in schools in Karachi where we aren't seeing encouraging responses. Having said that, the province of Sindh and Karachi have performed better than the rest of Pakistan. For instance, the HPV vaccination coverage in Islamabad is 18percent so far."

According to officials, Pakistan is the 149th country to introduce this vaccine into its immunisation schedule. It's already being used in Muslim countries including Saudi Arabia, Qatar, and Indonesia.

Cervical cancer is the second deadliest cancer for women worldwide and a major health threat in Pakistan, with a mortality rate exceeding 65 per cent. The HPV is the primary cause of cervical cancer and the HPV vaccine is the first-ever cancer prevention vaccine.

The vaccine, experts say, is safe and effective, providing 100 per cent protection from cervical cancer.
(By Faiza Ilyas Dawn, 13, 24/09/2025)

HPV vaccination declared lifeline for girls

The Pakistan Medical Association (PMA) on Wednesday urged parents and guardians to reject negative propaganda against the human papillomavirus (HPV) vaccine and ensure that their daughters are vaccinated against the potentially fatal disease of cervical cancer during the ongoing immunisation drive.

In a statement released against the backdrop of reports showing how vaccine hesitancy has affected the ongoing HPV immunisation drive, the association stated that the HPV vaccine is a critical and effective tool for preventing cervical cancer, a disease that claims thousands of lives in Pakistan annually.

Cervical cancer, the association stated, is the third most common cancer among women in the country. The high mortality rate is largely attributed to late diagnoses, as many cases are not detected until they have reached an advanced stage, it added.

"The HPV vaccine is not just a medical recommendation; it's a lifeline for our girls. Cervical cancer is a preventable disease, and the vaccine is the most effective defence we have," the association said.

It expressed serious concern over the low coverage rates in Sindh, while emphasising that the authorities should look at this situation as a wake-up call.

"The vaccine is safe, effective and crucial for public health. We cannot afford to lose more lives to a disease that can be stopped with a simple vaccine.

"The association strongly supports the government's vaccination campaign and is committed to working with health authorities, community leaders, and the media to combat the misinformation and misconceptions that have contributed to the low coverage," it said.

It appealed to all stakeholders, including doctors, educators, and community organisations to join the effort in educating the public and promoting the importance of this life-saving vaccine.

According to experts, over 5,000 new cases of cervical cancer are diagnosed in Pakistan every year and approximately 3,200 women die from the disease. This gives Pakistan one of the highest cervical cancer mortality rates in South Asia. Cervical cancers account for over 90 per cent of HPV-related cancers in women, they said.

The provincial government had launched the first-ever vaccination drive against cervical cancer on Sept 15, targeting 4.1 million girls, aged nine to 14. The 13-day drive aims to cover 1,190 union councils across 30 districts of the province.
(By Newspaper's Staff Reporter, Dawn, 14, 25/09/2025)

Vaccine challenge

PAKISTAN'S rollout of the world's first cancer-prevention vaccine has been sobering. A 12-day campaign, ending tomorrow, to vaccinate 13m girls against HPV — the virus that causes cervical cancer — has reached just 4.5m. That is barely a third of the target. Cervical cancer is the second most common cancer among Pakistan's women, with two in three of those diagnosed not surviving. Yet a vaccine that is safe, free, and long proven elsewhere has struggled to gain acceptance. It is already part of immunisation schedules in Saudi Arabia, Indonesia and Bangladesh. The uptake failure reveals a problem Pakistan has long known but not fixed: the gap between medical science and public trust. In Karachi, the country's largest city, only a third of eligible girls were vaccinated, with coverage in Keamari a dismal 12pc. By contrast, smaller districts in interior Sindh surpassed 80pc, helped by local leaders who urged families to participate. Where trusted voices were absent, social-media agitators filled the void, fuelling suspicion. The pattern is familiar. Polio campaigns have faced the same cycle of myth-making and refusals — and, at their worst, vaccinators being roughhoused, kidnapped, or killed. Now HPV teams too are coming under pressure. In Mandi Bahauddin, a Lady Health Worker was beaten while carrying out vaccinations, underscoring the risks borne by front-line staff. Such incidents deepen mistrust and deter other vaccinators, leaving girls unprotected against a deadly but preventable disease.

The missing link is awareness. A few social media posts and a minister publicly vaccinating his daughter cannot substitute for sustained engagement. Parents need to hear not only from doctors but also from those they trust, such as teachers and religious leaders. Civil-society groups can help map refusal hotspots, address concerns in local languages, and reassure parents through direct communication. Out-of-school girls — nearly half the target group — must also be reached with dedicated outreach. The government must learn from this first phase. Risk-mapping resistance, investing in parental counselling, and integrating HPV into routine immunisation is essential. Above all, it must treat this not as a one-off campaign but as a long-term commitment. The WHO wants 90pc of girls worldwide vaccinated against HPV by 2030. Pakistan aims to meet this goal. It will not do so without treating communication as seriously as logistics. Vaccinating girls now can protect lives later.
(By Editorial, Dawn, 06, 26/09/2025)

Congo fever claims sixth life in four months

The Sindh health department on Friday declared the sixth death from Crimean-Congo Haemorrhagic Fever (CCHF) in the province since June.

The victim, a 28-year-old man, was a butcher by profession and resident of Landhi. He died on Wednesday.

"The patient had high fever, cough and vomiting blood when he was brought to the emergency department of the Jinnah Postgraduate Medical Centre on Sept 24. He died the same day," health department spokesperson Meeran Yousuf said in a statement.

The patient, who was isolated immediately after the test, had a history of animal and tick exposure due to his profession. "The case was verified by a surveillance team, which collected details of his contact history and risk factors," the statement added.

According to the department's data, all the six CCHF victims were men. Four of them were residents of Malir and one hailed from Thatta. Three deaths were reported in June, one each in July and August.

Commonly known as Congo fever, CCHF causes severe viral haemorrhagic fever outbreaks with a case fatality rate of 10 to 40 per cent. There is no vaccine available for the disease.

According to experts, the CCHF virus is primarily transmitted to people either by tick bites or through contact with infected animal blood or tissues during and immediately after slaughter.

CCHF is endemic to Pakistan, which sees several deaths from the illness every year, especially during the Eidul Azha period when animals' movement increases, they added.

(By Newspaper's Staff Reporter, Dawn, 13, 27/09/2025)

Cyclists take the route to healthy hearts

Cyclists gear up for the journey at the Aga Khan University Hospital; women bikers pedal on mid-route; and participants close in on Boat Basin — their destination, where halwa puri awaits them.—Fahim Siddiqi / White Star

KARACHI: At 6am on Sunday the Docs on Wheels were out to promote heart health on their bicycles on World Heart Day ... well, a day prior to the actual date because more people could make time on Sunday for the very important activity of not just pedalling their way to health themselves but also spread awareness.

Of course, not everyone on a bicycle had to be a doctor — there were other Aga Khan University Hospital (AKUH) staff, faculty, nurses, students and many other cycling groups such as ECKO Ryders, GG Group, Free Riders, Slow and Steady, Cyclogists,

PECHS Riders, We Will Get There When We Get There and Critical Mass, all joining the good cause on the call of the section of Cardiothoracic Surgery at the AKUH.

The messages, "Heart over habit", "Don't miss a beat" and gathering "Thori si himmat [a little courage and effort]" was loud and clear for everyone.

AKUH's cardiothoracic surgeon Prof Dr Saulat Hasnain Fatimi, the main organiser at the AKUH, who started this cycling group at the university hospital during the Covid-19 lockdown, said that he just wanted to create positivity along with a lifestyle change as cycling was a good way to do that. Cardiovascular diseases, once considered illnesses of old age, are increasingly affecting people in their 30s and 40s due to sedentary lifestyles, poor diets, smoking, unmanaged stress and the absence of regular check-ups, he added.

Cycling enthusiasts assemble at two separate events in city

"Heart disease often remains silent until it becomes life-threatening," Dr Fatimi pointed out.

"We see many patients who could have saved themselves from angioplasty or bypass surgery with earlier lifestyle changes and regular screenings," he added.

Lessons begin at home and Dr Fatimi had already passed on the healthy practice to his family members. His eldest son, Asad Saulat Fatimi, who is looking forward to graduating as a doctor from the AKUH this year, was also there with his bicycle.

Head of dentistry at the AKUH Dr Syed Murtaza Raza Kazmi was accompanied with his three sons on their bicycles.

Dr Irfan Daudi, the oldest cyclist there on Sunday, said that people were often amazed that he cycled at his age.

"I simply ask them to join me," he smiled, adding that he was the proud grandfather of six grand kids. When asked if they had also come with him, he explained that they would have if they did not live abroad. Still, he was happy to report that all cycled, the three older ones who were over six years in age bicycled and the three little ones had their own tricycles.

Paediatric neurologist Prof Dr Prem Chand was also there with his bright red bicycle that he had brought from Tokyo. He was excited about the ride, which was to take them from the AKUH to Boat Basin where a lavish breakfast of halwa-puri awaited.

When asked if that breakfast was good for the heart, the professor reminded that they would also be pedalling back to the hospital after breakfast, hence they will burn the extra calories consumed.

Registered nurse Sara Ismail and her younger sister and student nurse Muskaan Ismail were also there but hoping to cycle more often in their busy schedules.

Meanwhile, Amin Lakhani was coordinating with the students and making sure that everyone got a bicycle and everyone was ready and well taken care of on the way. That was also why he was the only one there not cycling. "I have to be in the escort vehicle, watching out for any problems anyone might face on the way," he explained.

But there was one student who had a problem even before the ride. Urooj Syed, a second year student from the Arts and Sciences section thought her bicycle seat was crooked or broken. Mr Lakhani made sure that she was given another set of wheels immediately from the 180 rented bikes arranged by the AKUH specially for the ride.

But there were very happy bikers too like the three first-year medical students Usman Qaiser, Saad Ali and Khubaib Abdullah who found brand new bicycles among the rented ones. The three friends said that they were going to race each other during the ride. "It would be fun," said Usman.

"And this is how we speak about this cause and how physical activity helps make your heart strong and healthy," he added.

Cyclists in PECHS

In yet another World Heart Day cycling event, scores of riders from all over the city assembled at the Sindhi Muslim roundabout in the morning.

They belonged to a number of cycling groups, from PECHS to DHA and beyond.

Organised by Tabba Heart Institute, the cyclists in the event — young and old, women and men — rode up to Tabba Heart Medical Centre-DHA phase-II, where the event culminated after a ceremony.

(By Shazia Hasan Dawn, 13, 29/09/2025)

55pc milk samples in Karachi found adulterated with harmful chemicals

While dairy farmers want a massive increase in the per-litre milk price, the city administration on Monday made public the disturbing findings of a recent exercise to check the quality of milk available in the city, announcing that over 55 per cent of the samples — 71 out of 127 — were found to be laced with harmful chemicals posing significant health risks to consumers.

Officials said that the Sindh Food Authority (SFA) had recently obtained 127 milk samples from as many shops across the city and sent them to a food testing laboratory.

They said that as many as 15 samples were found laced with detergent and 19 others with added water. Besides, they said that 22 samples of fresh milk contained salt and 12 others sugar.

Explaining the nature of the chemicals, the officials said that detergent was added to milk to deceive consumers by creating a false appearance of quality and increasing its perceived thickness and frothiness.

They said that the fraudulent practice was common in the city and had serious health consequences, as detergents are harsh cleaning chemicals that could cause irritation, gastrointestinal issues, and long-term damage to organs such as the kidneys and liver.

They said that the widespread adulteration posed significant health risks to consumers and prompted the authorities to launch an immediate crackdown on vendors and shops selling milk laced with harmful chemicals and added water.

Details collated from the SFA revealed that out of 43 fresh milk samples collected in South district, 22 were found adulterated.

Similarly, in Malir, 15 out of 20 samples were adulterated; in East, 7 out of 16; in Keamari, 7 out of 13; in West, 4 out of 7; in Central, 2 out of 12; and in Korangi, 14 out of 16 samples were found adulterated.

Crackdown launched

The officials said that the administration on Monday launched a massive crackdown on fresh milk vendors and shops, as a staggering 55pc of samples tested positive for adulteration and contamination.

They said that a high-level meeting chaired by Karachi Commissioner Syed Hassan Naqvi at his office, and attended among others by officials of the SFA, decided to gear up efforts to contain the sale of adulterated fresh milk in the city on an emergency basis.

The officials said that the commissioner had directed all deputy commissioners to take immediate and strict action against those involved in selling adulterated milk in the city.

They said that so far at least four milk shops had been sealed, while the action was still in progress.

Dairy farmers reject findings

The crackdown coincided with the demand of dairy farmers for an immediate increase of Rs50 per litre in milk prices in view of widespread damage from recent flooding in Sindh and Punjab.

They also warned of protests outside the Chief Minister's House if a new price notification was not issued by Oct 1.

According to Dairy Farmers Association Vice President Chaudhry Farooq, essential feed such as straw is no longer reaching Karachi due to flooding in rural areas, and the cost of available fodder has more than doubled.

Spokesperson for the All Karachi Milk Retailers Welfare Association, Waheed Gaddi, rejected the SFA's claims regarding the sampling and testing of milk and said that the whole proceedings were an eye-wash.

Talking to *Dawn*, he said that food inspectors from the Karachi Metropolitan Corporation used to collect milk samples in three bottles, each containing a quarter of a litre, and add chemicals before sealing them in the vendor's presence. "The vendor was given one bottle for potential re-testing to challenge the findings," he added.

It may be recalled that in early May, the SFA had claimed that the milk and tea leaves used by almost every tea shop and stall across the city had been found to be alarmingly contaminated with harmful chemicals and substances.

According to the SFA, 90pc of milk samples collected in May in different areas were found adulterated and contaminated with chemicals and added water.

As per the SFA, it had inspected as many as 127 tea shops and stalls in different parts of Karachi to collect samples of the milk and tea.

(By Tahir Siddiqui Dawn, 13, 30/09/2025)

Pakistan faces shortfall of nearly 900,000 nurses, says Mustafa Kamal

Federal Minister for Health Syed Mustafa Kamal on Monday said that all affairs of the Pakistan Nursing Council (PNC) will soon be computerised to minimise human intervention and eliminate inefficiencies.

He was chairing a meeting on the affairs of the PNC, attended by the federal health secretary and an additional secretary.

The minister announced to fully digitalise the PNC to ensure efficiency, merit, and transparency in all of its operations.

"We will restore the lost credibility of the nursing profession and transform the Pakistan Nursing Council into a modern, effective, and internationally recognised institution," said the minister.

Mr Kamal underscored the vital role of nursing in Pakistan's health system and highlighted the pressing shortage of nursing professionals.

"Pakistan currently faces a shortfall of nearly 900,000 nurses, while globally the shortage of qualified nurses stands at approximately 2.5 million", he added.

He reaffirmed the government's commitment to strengthening the nursing sector through comprehensive reforms, robust policies, and modern digital systems.

He further noted that nursing was one of the most critical pillars of the health sector, and bold steps were being taken to bring the profession in line with international standards.

"We will modernise the nursing sector, ensure merit-based practices, and introduce effective reforms so that Pakistan's nursing workforce can meet both national and international demands," he added.

The minister concluded by stating that reforms in the nursing sector will continue with a strong focus on transparency, merit, and modernisation to uplift the profession and ensure quality healthcare delivery across Pakistan.

(By Newspaper's Staff Reporter, Dawn, 04, 30/09/2025)

Vaccinators under attack

The recent assaults on HPV vaccination teams in Punjab and Sindh expose a troubling reality where health workers, who should be celebrated as protectors of public wellbeing, are instead being targeted for their efforts. Two attacks within the span of three days not only put innocent lives at risk but also derailed a critical nationwide campaign aimed at protecting young girls against cervical cancer.

These incidents are not isolated acts of aggression. They are symptoms of a deeper social malaise that hinges on misinformation, mistrust and misguided narratives. A combination of unfounded claims about the vaccine and state institutions' inability to curtail them in a manner that resonated with communities eventually led to this larger ruckus of extremism.

For years, polio campaigns have faced similar challenges. Now the same patterns threaten the HPV initiative, which aims to immunise 90 per cent of girls aged 9 to 14 this year. Each disrupted drive widens the gap between health goals and reality, leaving thousands of children unprotected.

The government's promises of protection ring hollow when vaccinators report being abandoned to threats and intimidation. While the recent cases of assault have been registered under the Pakistan Penal Code, a legal step forward does not guarantee the prevention of future attacks. What is needed is consistent security on the ground, coupled with transparent accountability on behalf of those who are tasked with protection anytime such an incident occurs.

Equally urgent is the fight against misinformation. Community leaders, educators and religious scholars must be brought into the fold to address misconceptions and stigma attached to the vaccine.

Protecting health workers is not just a bureaucratic formality, it is a moral and national obligation. If Pakistan fails to shield its frontline vaccinators then it fails its children, whose futures depend on the simple act of prevention.

(By Editorial, The Express Tribune, 14, 30/09/2025)

Call for safe, effective family planning to ensure women's well-being

Pakistan's urgent need for safe and effective family planning and its benefits such as women's empowerment and shaping a healthier workforce in society was in the spotlight during an awareness session on women's health and well-being.

The event held in accordance with World Contraception Day was organised by the American Business Council (ABC)-Pakistan in collaboration with Bayer-Pakistan on Tuesday.

Gynaecologist Prof Dr Farrukh Naheed said that social, mental, physical and emotional well-being equals health without stress. "As far as women's health is concerned, mostly the mention of it being women's right is something that is frowned on in our society. But those who frown don't realise that women should be given what is their haq [their right], which has been mentioned in the Holy Quran so many times," she pointed out.

"It is mentioned that women are to be allowed at least a two-year lactation period after giving birth," she added. "But here slogans such as 'Mera jism, meri marzi', which refers to a women's right of deciding when she wants to have a baby, are misinterpreted," she said.

Teenage pregnancy is a problem in Pakistan, moot told

"Pakistan is a low resource country with its population becoming a burden. With a population of 250 million and a young population with high birth rates. When you can manage your population, you enhance your resources. But Pakistan has rapid population growth and a low contraceptive prevalence rate," the doctor reminded.

"Teenage pregnancy is also a problem in our country. If a girl gets married in teenage, she will have around eight children by the time she is 35 if she does not take precautions. There is a high unmet need for family planning here. But addressing these issues, while clearing the misconceptions and taboos by spreading awareness, can change the dynamics of society," she said.

While speaking on the subject of women's health, broadcast journalist and television host Sidra Iqbal said that she had always been ambitious about her career and enjoyed her work. But most of the time when women work very hard, they put their own health on the back burner, she added.

"But the body keeps score," she said. "Because you should read the word 'disease' as 'dis-ease'. When you are not at ease, and pushing yourself, your body feels it. You have one life and one body. Then if you fall ill, you are alone. You will have to fend for yourself because others will ask you why you worked so hard, as it was not even expected of you," she said.

Earlier, in her welcome address, ABC-Pakistan's Vice President Tushna Patel said that health is not a luxury but a human right. "Your health matters. Women's health matters. And when you invest in women's health, we educate, empower and support," she said.

ABC-Pakistan's General Secretary Imran Shamim also spoke.
(By Shazia Hasan Dawn, 13, 01/10/2025)

Nursing gap

Health Minister Mustafa Kamal's recent revelation that Pakistan is short of nearly 900,000 nurses should not surprise anyone who has ever stepped into a hospital ward. The current condition of the country's healthcare system encompasses a myriad of problems, one of them being a significant lack of resources. The scale of the crisis has prompted the Minister of National Health Services to strengthen the nursing sector by digitising the Pakistan Nursing Council and reducing corruption in the licensing process. While these commitments are praiseworthy, the figures reveal how deeply our healthcare system is strained.

Nurses form the backbone of healthcare. They are expected to provide round-the-clock attention, manage emergencies, comfort families and often keep services running when doctors are unavailable. A shortage of this magnitude means that patients across the country are left waiting for longer times, are receiving less care, and are being forced to rely on overburdened staff.

Moreover, the impact of this shortage is not confined to major hospitals in urban cities but is rather felt most acutely in rural and low-income areas where access to medical staff is already limited. For communities living on the margins, the absence of nurses often translates into higher maternal and infant mortality rates and preventable deaths.

Part of the problem lies in how nursing is treated as a profession. Low wages, lack of respect for the role, unsafe working environments and lack of opportunities for growth drive many aspirants away. Those who remain often consider moving abroad, where the same skills are better rewarded.

Addressing this shortfall will require more than administrative reform. It demands investment in training institutions, fair compensation, incentives for rural deployment and a cultural shift that recognises the toil and effort that being a nurse requires. Ultimately, the nation's wellbeing depends on valuing those who provide necessary care.
(By Editorial, The Express Tribune, 14, 01/10/2025)

CM suspends health officials after fresh polio cases

Sindh Chief Minister Syed Murad Ali Shah on Tuesday expressed strong displeasure over the emergence of two new polio cases in the province and took stern action against senior officials for negligence.

Chairing a meeting on polio eradication at his office, CM Shah suspended the district health officers (DHOs) of Badin and Keamari, issued show-cause notices to the deputy commissioners of Badin and Thatta, and removed the assistant commissioners of Mati and Mirpur Sakro from their posts.

"Polio is a crippling disease and its eradication is a national duty that must be carried out with honesty. Negligence will not be tolerated," the CM warned.

The meeting was attended by Provincial Health Minister Dr Azra Fazal Pechuho, Chief Secretary Asif Haider Shah, Health Secretary Rehan Baloch, Emergency Operations Centre (EOC) Coordinator Irshad Sodhar and other senior officials.

Officials briefed the meeting that the latest cases were reported from Hyderabad, Badin and Thatta - all falling under the Hyderabad division. Despite achieving over 98 per cent coverage in the latest vaccination drive, the virus is still paralyzing children.

(By Newspaper's Staff Reporter, The Express Tribune, 05, 01/10/2025)

Adulterated milk

Recent reports published by the Sindh government's food regulator say that over 55% of milk samples in Karachi are adulterated with harmful chemicals. That is an astoundingly high figure, softened only by the fact that the rate has actually come down over the past decade. But the fact that such a large share of the city's milk supply appears to be adulterated should also serve as a reminder of the need to improve prosecution and raise penalties for people selling tainted or adulterated food items.

While the immediate response of a crackdown and sealing shops is necessary, it is a reactive and insufficient solution. The problem is systemic. Pointing to skyrocketing costs of fodder, dairy farmers argue that economic desperation fuels these unethical practices and claim that if they could sell for higher prices, they would not need to tamper with quality.

A lasting solution requires moving beyond temporary raids. The government must establish a robust and transparent monitoring system from farm to table. Simultaneously, it must address the root causes by supporting the dairy industry with sustainable policies, ensuring farmers receive a fair price, and facilitating the availability of affordable feed.

Even though milk samples were tainted with everything from water, sugar and salt, to detergent and dangerous chemicals, the sellers of potentially poisonous milk face almost no criminal penalties. If the government really wants to stop people from selling such milk, it must ensure that law enforcement intervenes and throws the book at these unscrupulous vendors.

Even the 'lesser' adulterants can cause serious gastrointestinal issues and long-term damage to vital organs like the kidneys and liver. Vendors must be tried not just for violating food safety laws, but for knowingly poisoning every one of their customers. Only by attaching serious consequences to a relatively low-profit scam will the government discourage criminal vendors. The health of millions, particularly our children, cannot be held hostage to negligence and criminal profiteering.
(By Editorial, The Express Tribune, 14, 02/10/2025)

Woman rescued 18 months after abduction

In a case that underscores the persistent dangers women face in both online and real-world spaces, 20-year-old Yusra was reunited with her family after allegedly being abducted and held captive for a year and a half. She recounted the harrowing abuse she faced, including physical torture, rape, and forced isolation — allegedly at the hands of her abductor and his mother when Minister for Women Development Shahina Sher Ali visited her on Saturday. Authorities have arrested the suspect, and the case is now under investigation. The minister was accompanied by MQM-P's local Sindh Assembly member Ejaz-ul-Haq.

Sharing her ordeal, Yusra told the minister that she had allegedly been abducted about 18 months ago after establishing contact with the accused on TikTok. She said that her alleged abductor, Hamza, along with his mother, subjected her to severe violence and intimidation, keeping her in illegal confinement. Yusra further said that Hamza forced her into a fake marriage contract and repeatedly assaulted her sexually.

She recounted that after one and a-half-year, she somehow managed to secretly contact a relative -whose phone number she had memorised - informing them of the abuse. Following this she was recovered by the police.

Minister Shahina said that police have arrested the accused Hamza, registered a case, and launched further investigation into all aspects of the incident. She assured Yusra's family that the government would provide full legal support. The minister claimed that the Sindh government has a clear zero-tolerance policy against violence and crimes against women and girls, and perpetrators will face strict punishment.

Man held for raping, murdering minor girls

A key suspect involved in the abduction, sexual assault, and murder of minor girls in the city has been arrested. The accused, Shehzad alias Faizo, is believed to be a member of the notorious Lyari-based Imran Kalu gang.

Shehzad has confessed to abducting schoolgirls, holding them captive for 20 to 25 days, repeatedly raping them, and then murdering them to destroy evidence. Police confirmed that the suspect has a prior criminal record and has previously been imprisoned in multiple cases.

According to the police spokesperson, Shehzad was apprehended during an intelligence-based operation in the Kharadar area. He had previously escaped during a police encounter two days earlier, while one of his accomplices was injured and arrested on the spot. A firearm used in the crimes was also recovered from the accused.

The accused has been handed over to the investigation department for further legal proceedings. Police say more arrests may follow as the investigation continues.

(By Newspaper's Staff Reporter, The Express Tribune, 04, 05/10/2025)

Breast cancer taboos

The pink ribbons that adorn October during Breast Cancer Awareness Month are not just the symbol of a global health awareness campaign, but a reminder of a critical national health emergency. With one of the highest incidence rates of breast cancer in Asia, the disease casts a long shadow over Pakistan. However, it is worth remembering that awareness, especially regarding early detection, can bring profound changes to the situation on the ground.

Breast cancer is regarded as the most common cancer among women in Pakistan, with one in nine women at risk of developing it in their lifetime. Pink Ribbon Pakistan estimates that 109 women lose their lives to the disease every day, or around 40,000 deaths annually from about 90,000 new cases. The age-standardised incidence rate — which takes into account the ages of patients to make data on disease rates more accurate — has also been steadily increasing over the past 20 years.

Couple these concerns with the fact that the disease also arrives much earlier in Pakistani women, and there is no question that the challenge remains immense. Other aggravating factors include later detection and cultural stigma — because of 'modesty',

many women do not discuss or hear accurate information about the disease, while diagnostic and treatment facilities are still lacking, even though only a small fraction of women with the disease actually seek help before it is too late. Also, not enough women seek out mental health support after life-altering surgical interventions, such as mastectomies, because of the same 'modesty' and 'shame'.

It is heartening that the government, along with celebrities and influencers, has been doing good work to generate awareness, but there is still much work to be done before we can take solace in the kind of survival rates seen in the West - over 90% — which are attributed largely to early detection. Taking a step up from ribbons to providing timely access to life-saving medical care will not be easy, but it is the only way to stem the spread of the disease and bring it down from being a national calamity to a treatable hardship.

(By Editorial, The Express Tribune, 14, 08/10/2025)

Kidney trade

A case against two doctors has been registered in Chaklala, near Rawalpindi, involving the forced removal of a labourer's kidney — once again uncovering the horrifying reality of Pakistan's underground organ trade. This practice, now quite literally a thriving business, continues despite being an open secret for years. It is well known to the public, the medical community and even law enforcement, yet it is met with little more than sporadic crackdowns and no sustained, meaningful action.

The current victim was deceived with a job offer and allegedly drugged. He woke up five days later in pain, which led him to a hospital and the discovery of a missing kidney. This crime is unfortunately not an anomaly, despite its absurdity. In 2017, authorities had dismantled a kidney trade racket in Lahore where six people, including two doctors, were arrested after performing unauthorised surgeries in a private house. Among the patients were foreign nationals who had paid millions for organs sourced from impoverished Pakistanis.

This black market thrives on poverty, desperation and institutional neglect. Victims are often poor labourers, easy targets for traffickers who exploit their vulnerability. Illegal surgeries carried out in unsanitary backrooms endanger lives, leaving victims with lifelong complications and trauma. Despite Pakistan's Transplantation of Human Organs and Tissues Act (2010), enforcement remains weak. Corruption, lack of oversight of private clinics and lenient to no punishment have allowed this trade to flourish unchecked.

Authorities must act decisively: strengthen laws, conduct routine audits of transplant clinics, prosecute complicit medical staff and launch awareness campaigns to protect vulnerable citizens. The Chaklala case is a brutal reminder that human life is being traded like merchandise. Until the state treats this crime with the urgency it deserves, the business of human organs will continue to thrive in the shadows and will continue to prey on the poorest among us.

(By Editorial, The Express Tribune, 14, 09/10/2025)

Polio worker killed in armed attack in Karachi

A polio worker was killed in a suspected targeted attack off Superhighway on Thursday.

Site Superhighway Industrial Area SHO Wilayat Shah told *Dawn* that Rehmanullah, 30, was on his way to Surjani Town on a motorcycle when unknown suspect(s) opened fire near Jamia-tur Rasheed. He sustained critical bullet wounds and was taken to the Abbasi Shaheed Hospital, where doctors pronounced him dead on arrival.

The motive could not be ascertained immediately, he said, adding that the victim belonged to the Mehsud tribe.

The victim was a resident of Quetta Town near Madras Chowk.

Mohammed Sher, a neighbour of the deceased, told *Dawn* that Rehmanullah was a polio team worker. He said the victim's family lived in Vehari, Punjab, where his body was sent to for burial.

He added that the residents and members of the Mehsud community had planned to protest, but the DSP concerned and other officers assured them of his killer's arrest within the next six days.

(By Newspaper's Staff Reporter, Dawn, 13, 10/10/2025)

Prioritising mental health

On the occasion of World Mental Health Day today, Pakistan confronts the reality of its worsening mental care crisis as well as its inadequate support system for those struggling with mental illnesses. Recent reports have revealed that nearly 25 million citizens are living with neurological or psychological disorders in the country, yet only around 400 neurologists are available. This stark disparity exposes a system unable to meet the growing mental health needs of people.

Behind these numbers lie countless untold stories of misunderstood symptoms, misdiagnosed patients and uninformed doctors who victim-blame patients. An uninformed society has only exacerbated the number of students paralysed by anxiety, mothers struggling with postpartum depression and daily wage workers silently enduring emotional strain. In Sindh, one in three individuals faces some form of mental illness, yet only a fraction of them can access treatment.

The problem is not only the lack of psychiatrists and neurologists but the absence of mental health infrastructure at the district and primary care levels. High treatment costs, stigma and insufficient awareness make the situation worse.

If this crisis remains unaddressed, Pakistan risks losing an entire generation to psychological distress, poor productivity and preventable neurological conditions such as strokes - now rising at an alarming rate of 450,000 cases a year. Mental health is not meant to be cared for as a luxury, it is the foundation of a functioning society.

The way forward demands immediate government investment in mental health units within public hospitals, training programmes for general physicians and integration of psychological counselling in schools and workplaces. Community awareness campaigns, especially through digital media, must work to dismantle the stigma around therapy and treatment. Pakistan's collective wellbeing depends on recognising mental health as the public health priority it has always deserved to be.
(By Editorial, The Express Tribune, 14, 10/10/2025)

SHC orders establishment of heart hospitals in all districts

The Sukkur constitutional bench of the Sindh High Court on Thursday ordered establishment of hospitals and units of Sindh Institute of Cardiovascular Diseases (SICVD) in all districts of the province.

The bench comprising Justices Zulfiqar Ali Sangi and Riazat Ali Sahar passed the order on a petition filed by lawyers Gulzar Almani and Sohail Ahmed Khoso from Naushahro Feroze.

The bench ordered provision of medicines and treatment to patients at the heart hospital and all government civil hospitals, and expressed anger at the secretary of health, Ali Raza Baloch, for lack of facilities, shortage of doctors and staff, unavailability of medicines and misuse of funds in all government hospitals, including Sukkur Civil Hospital, Pano Aqil taluka hospital, and Moro hospital.

Justice Sangi said to the secretary: "Are you secretary of health for only Karachi or for the whole of Sindh? If the health department cannot run the hospitals, then privatise all the health institutions. At least, it will help save human lives," remarked the judge.

"If the government doctors are not ready to work, terminate them and the other medical staff who don't perform their duties. There are many unemployed doctors sitting here, while others are working abroad," he said.

The court raised questions over lack of facilities and faulty machinery at Sukkur Civil Hospital, absence of treatment in Pano Aqil, and the lack of a heart hospital or unit in all areas, from Bhiria Road to Hyderabad.

"Tell the court how many SICVD hospitals and units are in Karachi, and in comparison with the metropolis, how many are in the rest of Sindh?" he asked.

The secretary replied there were 18 heart hospitals and units in Karachi and only 10 in the rest of the province. "There is no proper treatment in several PPHI-managed and other hospitals as doctors make private technicians work in their place in these hospitals, and they themselves [doctors] work in their private clinics," said Justice Sangi.

He asked could a government doctor run a private clinic during his duty hours without permission.

The petitioner Gulzar Almani informed the court that there was no cardiac hospital or its unit in Moro and "if someone has a heart attack, he may die on his way to another district".

The secretary responded that there were cardiac units in Bhiria Road, Nawabshah, Dadu and Tando Allahyar and the patient could go there.

His answer displeased Justice Riazat Ali Sahar and he said angrily: "If someone has a heart problem, can he survive the 75 kilometre travel to a hospital?"

"Where the health department's funds are going? If the funds are used correctly, not a single patient will be deprived of medicine," he said and questioned "where do you spend the funds?"

The secretary said: "We are providing facilities in the hospitals. If the facilities aren't available, people should complain about them".

Justice Sangi remarked: "Parents hold protest, holding the holy book in their hands, against lack of treatment at Pano Aqil hospital — is that not a complaint? Sukkur Civil Hospital looks ruined. Don't you see that protest?"

He said that doctors visited the hospital at 8.00am and then left. They were absent during duty hours. "All these issues have been brought to your knowledge. We expect results in the next hearing," said the court.

The bench remarked during the hearing that the secretary should be a doctor.

Sukkur DHO Ali Gul Shah, Civil Hospital MS Ikhtiar Mirani and Naushahro Feroze DHO also appeared before the bench.
(By Newspaper's Staff Reporter, Dawn, 15, 10/10/2025)

Sindh faces alarming rise in unsafe abortions, experts warn

Sindh faces a mounting women's health crisis, with an estimated 400,000 to 500,000 abortions taking place annually — many of them unsafe, unregulated, and life-threatening. This alarming figure, combined with widespread malnutrition and anemia, is placing countless women at risk, medical experts warn.

Speaking to The Express Tribune, Dr Mehwish Mubarak Ali, Deputy Director (Clinics Section) of the Sindh Population Welfare Department, revealed the gravity of the situation. "In terms of blood loss, a single unsafe abortion can be as dangerous as 10 full-term pregnancies," she said.

Dr Mehwish further stated that many women, especially from low-income or rural areas, resort to untrained people for abortion procedures, which often result in severe infections, infertility, or even death.

Women and girls aged 15 to 49, the reproductive age group, are increasingly facing health complications due to iron deficiency and poor nutrition, which also impact their children's development. According to recent surveys, 10-15% of women in Sindh suffer from severe anaemia or nutritional deficiencies.

"In clinics where 50 pregnant women arrive daily, five to 10 often require immediate blood transfusions due to acute anaemia," Dr Mehwish said. She explained that what was once considered a rural issue is now equally prevalent in urban areas, largely due to unhealthy diets and rising consumption of fast food.

Sindh's female population stands at 5.6 million, with nearly 40-50% facing malnutrition. In rural households, gender bias in food distribution exacerbates the issue. "Brothers are often given more nutritious food than sisters. Girls are left nutritionally deprived," she added.

Early marriages remain a pressing concern, with adolescent pregnancies putting both mother and child at risk. "Poor maternal health leads to premature births, low birth weight, and cognitive development issues in children."

Pakistan continues to report alarming maternal and infant mortality rates, with 64 out of every 1,000 newborns dying before their first birthday. Nationally, an estimated 3.6 million unplanned pregnancies occur annually, with a huge proportion ending in abortion — 400,000 to 500,000 in Sindh alone.

The root causes, experts say, include a lack of awareness, birth spacing, and access to safe reproductive health services.

Dr Mehwish stressed birth spacing and adherence to international health guidelines. "The World Health Organisation (WHO) recommends a minimum two-year gap between births, with the first pregnancy ideally between ages 18 to 35," she said.

She also highlighted the recent introduction of Sayana Press Self-Injection in Pakistan — a three-month contraceptive injection that women can safely administer at home, offering privacy, affordability, and control over reproductive health.
(By Dua Abbas The Express Tribune, 04, 10/10/2025)

Move to privatise lab diagnostic services at Karachi's JPMC, Larkana's CMCH

In what appears to be a decision that may adversely impact thousands of patients belonging to the lower strata of life, the Sindh government is planning to outsource radiology and diagnostic lab services at two major hospitals in the province, including the Jinnah Postgraduate Medical Centre and approved funds to hire "transaction advisers" for the purpose.

A decision to this effect was taken at the 48th meeting of the Public-Private Partnership Policy (PPP) Board, chaired by Chief Minister Syed Murad Ali Shah, at the CM House on Friday.

According to a press release, the policy board approved "funding to hire transaction advisors for the feasibility study and transaction advisory services to outsource radiology and diagnostic lab services at the Chandka Medical College Hospital (CMCH), Larkana and JPMC, Karachi".

"The health Department intends to implement the project under the public-private partnership (PPP) modality to address serious challenges in operation and maintenance (O&M) of advanced diagnostic equipment such as MRI, CT scan, digital X-ray, ultrasound, and echocardiography," it said.

It claimed that after outsourcing, the private partner will invest in new equipment, ensure their operation and maintenance, upgrade outdated systems, deploy trained staff, and improve turnaround time for test results, ensuring quality and patient-centred diagnostic services.

Private firm to bring, operate 500 e-buses

The policy board also approved procurement of 500 electric buses for Karachi and Hyderabad, aiming to offer residents a cost-effective, safer, and eco-friendly transportation alternative.

The board endorsed the scope, structure and risk matrix of the Peoples Green Transport Project and also "accepted the amended unsolicited proposal submitted by a private firm, granting it the 'Right of First Refusal' and exemption from the prequalification process".

Under the project, 500 electric buses will be deployed in phases along with depots, charging infrastructure, bus shelters and an automatic fare collection and intelligent transport system.

The project, to be executed on a design, build, finance, manage, operate and transfer (DBFMOT) model with a 12-year concession period, is expected to serve over 200,000 passengers daily and integrate with the Green Line bus rapid transit project (BRT).

Elevated expressway

The policy board approved the development of an elevated expressway to connect the Karachi port with Qayumabad at the Jam Sadiq Interchange.

The CM directed the board to expedite the paperwork so that he could lay the foundation stone of the project.

The board endorsed the project scope, transaction structure and risk matrix, and “approved the unsolicited proposal for competitive bidding”.

The project involves design, finance, construction, and 25-year O&M of a 16.5-km, four-lane elevated freight expressway.

The expressway will reduce travel distance by 26 kilometres, enabling 24/7 heavy traffic movement, easing congestion on urban roads, and improving port efficiency and connectivity with M-9 and Malir Expressway, also called Shahrah-i-Bhutto.

The Board also approved design changes to align with the project with the Yellow Line BRT, add mixed-traffic ramps, improve port connectivity, and avoid major land acquisition.

‘Carbon removal through forestation’

With the intention to restore forest in the riverine areas to minimise the climate impacts and contribute to the reduction in greenhouse gases in Pakistan, the board accorded its approval to a riverine forestation project on approximately 41,000 hectares in districts of Jamshoro and Matiari under the PPP mode.

The forest department was asked to issue the letter of award to the preferred bidders for three bidding packages.

“The project is expected to generate approximately 35 to 40 million carbon credits, which will be monetised through international carbon markets, resulting in significant foreign exchange earnings,” the press release said.

The board also approved engagement of the Asian Development Bank (ADB) for a feasibility study for a new riverine forestation project that will be spanned 88,000 hectares approximately.
(By Newspaper’s Staff Reporter, Dawn, 13, 11/10/2025)

Call for strengthening mental health infrastructure

Highlighting the importance of equitable access to mental healthcare, especially in “times of crisis”, the Pakistan Association for Mental Health (PAMH) has called for urgent measures to strengthen mental health infrastructure, promote community-based interventions, and integrate psychological support within disaster and emergency response frameworks.

The association organised an event on the occasion of World Mental Health Day at the Karachi Press Club on Sunday, which saw medical practitioners pay tribute to renowned psychiatrist Prof Dr Syed Haroon Ahmed and share memories of his lifelong contributions to the field.

They also presented the association’s annual report, outlining recent initiatives undertaken across the country to promote mental health awareness and improve access to psychological care.

At the event, PAMH President Dr Syed Ali Wasif had delivered a presentation titled “Access for Mental Health in Times of Catastrophe and Emergency”.

He highlighted the urgent need for robust mental health infrastructure, community-based interventions, and the integration of psychological support in disaster and emergency response frameworks.

Speaking to the participants, rights activist Anees Haroon recalled her late husband’s pioneering role in establishing mental health awareness and advocacy in Pakistan, highlighting his lifelong mission to destigmatise mental illness and foster compassion and understanding within society.

Expressing deep sorrow over his passing on April 3, 2025, she said that his vision continues to guide PAMH’s ongoing initiatives and outreach efforts across the country.

On the occasion, two new books dedicated to the life, philosophy and contributions of Dr Haroon were launched. Authored and compiled by Dr Jaffer Ahmed, the books document Dr Haroon’s professional achievements, public service, and his influence on Pakistan’s mental health landscape.

While, three short video clips from Dr Haroon’s lectures were also screened, offering glimpses into his progressive ideas on emotional well-being, mental health policy, and the social dimensions of psychological care, serving as a powerful reminder of his intellectual legacy.

Meanwhile, the PAMH also presented its annual report at the event, in which they highlighted their various initiatives, advocacy campaigns, and community outreach programmes aimed at improving mental health services across the country.

(By Newspaper's Staff Reporter, Dawn, 13, 13/10/2025)

Cyclists pedal to raise awareness of breast cancer

A large number of citizens participated in the second edition of "Bike-a-cause for Breast Cancer Awareness 2025" jointly organised by the Patients' Aid Foundation and Faysal Bank Limited (FBL) on Sunday.

The fundraising initiative brought together the corporate sector, healthcare providers and the cycling community to champion the fight against the breast cancer.

Cyclists gathered at the Sindhi Muslim roundabout and rode a five-kilometer route to the Jinnah Postgraduate Medical Centre (JPMC), in solidarity, demonstrating their support for the shared commitment to breast cancer awareness.

The initiative, aligned with breast cancer awareness month, aimed to spotlight the importance of early detection and accessible treatment, with all proceeds directed towards supporting patients in need of life-saving care.

According to health experts, the breast cancer remains one of the Pakistan's most pressing health challenges, with one in nine women at risk. Around 30,000 new breast cancer cases are diagnosed every year in Pakistan. Almost all cases of malignant breast cancer require surgery, chemotherapy and radiation treatment.

They pointed out that while facilities for surgery and chemotherapy were widely available in the public and private sectors, slots for radiation therapy were not available for the timely management of cancer due to the lack of availability of linear accelerators in the country.

In response, the aid foundation working in partnership with the Sindh government is establishing the Pakistan's first women-led breast cancer bay offering free, cutting-edge radiation therapy with zero cardiac risk.

"The community-driven cycling event aimed at supporting women battling breast cancer, highlighting their commitment and responsibility towards women's wellbeing and their empowerment," says a press release.

Senior officials representing the foundation and the FBL management actively took part in the event, reinforcing their dedication to causes that promote health and community care.

(By Newspaper's Staff Reporter, Dawn, 13, 13/10/2025)

Anti-polio campaign targeting over 10.6m children in Sindh begins

Sindh Chief Minister Murad Ali Shah launched on Monday a major anti-polio campaign targeting over 10.6 million children under the age of five in 1,400 union councils across the province.

The inauguration was held at the KMC Gizri Maternity Home, where the CM and health minister Dr Azra Fazal Pechuho administered oral polio vaccine drops to infants.

According to officials, 80,000 health workers, escorted by 21,000 security personnel, will be carrying out house-to-house visits to vaccinate children during the week-long campaign, running from Oct 13 to 19. In addition, children will also receive Vitamin A supplements to help boost their immunity.

Speaking at the ceremony, the chief minister regretted the detection of 29 polio cases in the country — out of which nine cases have been reported in Sindh this year — and the continued presence of the virus in environmental samples. He also admitted lapses in the campaign.

Parents must respect child's right to a safe, healthy start, Murad says

"Polio elimination is a shared moral responsibility. Parents who choose not to vaccinate their children against this debilitating disease must think about the future of their children. We must respect the child's right to a safe and healthy start," he said and urged parents to ensure their children receive the life-saving vaccine and contact the nearest health centre if any child is missed.

He assured parents of the vaccine's safety, recalling that Shaheed Benazir Bhutto had administered the oral vaccine drops to her own daughter, Aseefa Bhutto Zardari.

"The campaign will be monitored at the union council level. Any refusal to vaccination will be reported to the monitoring cell at the Chief Minister's House, and efforts will be made to convince parents," he said, emphasising that the federal and provincial governments were serious on this subject and that the drive's full monitoring was critical for its success.

CM Murad sought cooperation from all stakeholders, including religious scholars, teachers, civil society and politicians, to play their role in fighting polio.

He also appealed to the media outlets to allocate at least the first 15 seconds in the hourly bulletin for polio awareness. In this regard, he said, letters would be sent to the media outlets for their cooperation.

"Together, we can win this battle. We need to have 100 per cent coverage, ensuring that no child is left out in Sindh. The teams will also vaccinate Afghan children before they return to their home country," he said during the media talk, regretting that Pakistan and Afghanistan were the only two countries in the world today where polio was still endemic.

The chief minister reaffirmed the government's commitment towards polio eradication and acknowledged the support of local and international partners.

Officials in attendance included Health Secretary Rehan Baloch, EOC Coordinator Irshad Sodhar, representatives of the United Nations International Children's Emergency Fund, World Health Organisation, the Bill & Melinda Gates Foundation, Rotary International, Karachi Commissioner Hassan Naqvi, Secretary for School Education Zahid Abbasi and Inspector General of Police Ghulam Nabi Memon.

(By Newspaper's Staff Reporter, Dawn, 13, 14/10/2025)

Sindh Health dept, JPMC at odds over accounts officer appointment

A dispute has erupted between the Sindh Health Department and the JPMC administration over the appointment of an accounts officer, triggering protests from the hospital's Accounts Department staff.

The controversy stems from the health secretary's decision to appoint a new accounts officer at JPMC through the Sindh Public Service Commission (SPSC). The hospital administration, however, says that the post is promotional and must be filled internally, in accordance with service rules.

JPMC's Accounts Department staff staged a protest outside the Admin Block, chanting slogans against the Health Department and warning of a complete work stoppage if the appointment is not withdrawn. Protesters argued that filling the post through direct recruitment violates departmental promotion rules and undermines the career progression of existing staff.

Speaking to The Express Tribune, JPMC Executive Director Professor Shahid Rasul confirmed that the position of Accounts Officer has been vacant since 2021 following the retirement of the previous officer. He stated that an officer from within the hospital had already been promoted to the role and was drawing a salary accordingly.

However, he said, the Health Department recently issued orders for the appointment of a new officer through the SPSC. "This post is strictly promotional under the recruitment rules," Prof Rasul added. "Even when JPMC was under federal control, the Supreme Court had ruled that only promoted officers could be appointed to this post."

He further revealed that he had conveyed his objections to the health secretary, clarifying that handing over charge to an externally recruited officer is against the service rules. "The charge should be given either to the officer already promoted or to another eligible employee within the institution," he said.

Prof Rasul also spoke about the broader staffing crisis at JPMC. While 2,025 posts are sanctioned for the hospital, including 800 nurses, 400 technicians, and numerous consultants, recruitment remains suspended due to a stay order obtained by federal employees, he added.

He revealed that Rs2.75 billion in salaries went unutilised last year due to the stalled hiring process, and the situation remains unchanged this year. "We are left with only 280 nurses, which is far below the required strength," he lamented.

He further stated that a proposal was submitted to the Sindh health minister in 2024 to allow separate recruitment advertisements for departments like Emergency, Gynaecology, and NTC to address critical shortages, but the request remains pending.

Meanwhile, protesting employees have threatened to escalate their demonstration if their demands are not met, adding pressure on the Health Department to revisit its decision. The matter has also triggered a debate over the autonomy of JPMC's administration and adherence to established service rules.

(By Dua Abbas Dawn, The Express Tribune, 05, 15/10/2025)

Doctors save man with knife lodged in neck in Karachi

A team of doctors at the JPMC has performed a rare and delicate surgery, removing a knife lodged deep in a patient's neck, narrowly saving his life.

According to hospital officials, Abdul Rehman, 40, a resident of Abdullah Goth, was brought to JPMC on Monday morning after being stabbed in the lower neck by his stepson during a domestic dispute. X-rays revealed that the knife had penetrated so deeply that its tip was visible beneath the skin on the opposite side of the neck.

A team, led by Dr Muhammad Shoaib, thoracic surgeon at JPMC, assisted by Dr Firast and other medical specialists, conducted the high-risk operation, which lasted two hours. Dr Shoaib said the knife had passed through Zone I of the neck, dangerously close to the carotid artery and internal jugular vein - both of which remained miraculously intact.

"The case was extremely delicate and life-threatening. A shift of just a few millimetres could have caused fatal bleeding," he added.

Under general anaesthesia, surgeons carefully dissected the surrounding tissues to avoid damaging major vessels. During the procedure, the team discovered that the external jugular vein had been completely torn, and several smaller veins were also injured.

The knife was eventually removed under direct supervision, and the wound was successfully closed. "By Allah's grace, the patient is now conscious, stable, and has no nerve or blood flow complications," Dr Shoaib added.
(By Dua Abbas The Express Tribune, 05, 16/10/2025)

Sindh Health Department report 215,000 test positive for malaria this year

A comprehensive report on malaria cases across the province reveals that 2,416,427 blood samples were screened this month, of which 215,270 tested positive for malaria.

According to the report, 181,362 cases were caused by Plasmodium vivax, 31,319 by Plasmodium falciparum, while 2,589 cases were mixed infections.

Sindh Health Minister Dr Azra Fazal Pechuho said the provincial government is utilising all available resources to eliminate malaria.

She noted that it was encouraging that no deaths were reported this year, and only three patients were admitted to hospitals with cerebral malaria, all of whom received full treatment.

Providing further details, Dr Pechuho said the most affected districts include Hyderabad, Jamshoro, Badin, Thatta, Jacobabad, and Larkana, where preventive measures are being intensified.

Hyderabad Division recorded the highest number of 101,923 cases, including 7,054 in Hyderabad, 22,293 in Jamshoro, and 19,478 in Badin. Larkana Division reported 52,038 cases, followed by Mirpurkhas (19,323), Shaheed Benazirabad (23,439), Sukkur (17,021), and Karachi Division (3,072).

Dengue tally hits 819

The Sindh Health Department has released its latest report on confirmed dengue cases across the province, revealing that 175 new cases have been recorded so far this month. Since the beginning of 2025, the total number of confirmed dengue cases in Sindh has reached 819, with one fatality reported.

According to Sindh Health Minister Dr Azra Fazal Pechuho, the Karachi Division remains the most affected, with 85 cases reported so far. Hyderabad Division has recorded 48 cases, Mirpurkhas 37, while Sukkur Division has reported 5 cases to date.

Expressing deep concern over the rising trend, Dr Pechuho said the Sindh government is taking all possible measures to control the spread of dengue.

The minister appealed to citizens to cooperate with the authorities, stressing that dengue is a preventable disease.

"Avoid water stagnation in and around homes to help eliminate mosquito breeding sites," she advised.

Health Department teams are conducting daily surveillance of suspected and confirmed dengue cases across districts, working closely with local administrations to implement immediate preventive measures.

Dr Pechuho added that the Sindh government, in collaboration with the World Health Organization (WHO) and other partner agencies, is implementing a comprehensive vector-borne disease control plan targeting malaria, dengue, and similar infections.

She appealed to citizens to maintain cleanliness, avoid stagnant water, use mosquito nets, and seek immediate medical attention in case of fever or chills.

Vector-borne diseases

Deputy Director General vector-borne diseases Dr Mushtaq Ali Shah, addressing a press conference in Hyderabad, said that dengue claimed two lives recently including one in Karachi and the other in Hyderabad on Wednesday.

He said the malaria cases in Hyderabad division alone are almost equal to the cases in Karachi, Sukkur, Mirpurkhas, Larkana and Shaheed Benazirabad divisions combined.

He said the mosquito population always showed a surge after rains and floods. He played down the incidence of dengue cases, contending that the tests appearing positive on IGG and IGM kits are not credible.

He played down the incidence of dengue cases, contending that the tests appearing positive on IGG and IGM kits are not credible.
(By Newspaper's Staff Reporter, The Express Tribune, 05, 17/10/2025)

‘Undiagnosed diabetes mostly affecting youth’

An increasing number of young adults in Pakistan, aged 20 to 30, are being diagnosed with undetected type 2 diabetes, often only after arriving in hospital with blocked heart vessels or high blood pressure, health experts said on Friday.

Speaking at the Pakistan Endocrine Society's (PES) annual conference, doctors said emergency wards are receiving patients in their twenties and thirties with multiple blocked arteries. Many only learn they have diabetes and hypertension after undergoing angiography and blood tests.

At the event, the Discovering Diabetes team released its 2024-2025 impact report, stating that the programme has reached over 8.5 million people, assessed nearly 966,000 for diabetes risk, and connected more than 463,000 suspected patients to medical care.

"Every fourth Pakistani is diabetic," said Dr Abrar Ahmed, former president of the PES. "If we want progress, lifestyle changes must start now. As soon as lifestyle improves, diabetes starts coming under control. The focus has shifted to weight loss injections instead of routine sugar checks and basic management."

Project Director Syed Jamshed Ahmed said over 33m people in Pakistan have been diagnosed with diabetes, with a similar number likely undiagnosed.

(By Newspaper's Staff Reporter, Dawn, 14, 18/10/2025)

JPMC outsourcing sparks controversy

Established in 1959, the Jinnah Postgraduate Medical Centre (JPMC) is all set to be separated from the Sindh Health Department and turned into an autonomous institution. Employees allege that preparations are underway to hand over the province's largest teaching hospital to an NGO under the guise of a public-private partnership.

The Executive Director of the hospital, Dr Shahid Rasool confirmed that a legal draft for this transition had already been prepared and will be presented before the Sindh Assembly for approval. The hospital is currently under severe financial stress, with debts exceeding Rs700 million.

Originally managed by the federal government, JPMC was handed over to the Sindh Government in 2011 after the passage of the 18th Amendment. However, due to employee contestation, JPMC remained under federal jurisdiction. In August 2023, the federal government signed an agreement with the Sindh Government, handing over JPMC for 25 years.

Employees argue that the government cannot now transfer JPMC to an NGO since no such clause existed in the agreement. However, it has come to light that the hospital will be run under a Board of Governors, effectively removing its direct link with the provincial health department and granting it autonomous status.

Sources claim this transition will occur within the next few months, and work towards this goal has already begun. It has also been revealed that such moves are part of a long-term plan to privatize the hospital, pointing out that the administration has deliberately kept over 1,200 posts vacant while 571 permanent posts were removed from the budget.

Several departments lack heads of department while essential services like plastic surgery and thoracic surgery have been shut down. The hospital's residential colony spans 21 acres but much of this land is illegally occupied, with the occupants using utilities at the hospital's expense. Monthly electricity bills range from Rs80 to Rs100 million and gas bills range from Rs20 to Rs30 million.

The hospital sees more than 5,000 outpatient visits daily and handles around 1,800 to 2,000 emergency cases each day. Despite this, its departments are critically understaffed. Currently, JPMC has over 2,000 beds, but only 800 staff members. Even though the hospital pays nearly Rs8 million annually for security, theft and other security issues are common. Moreover, the hospital's two medical waste incinerators have long been out of order.

The Sindh Government has a track record of handing over other public hospitals to NGOs under public-private partnerships. One example is the Sindh Government Children's Hospital at Nagan Chowrangi, which was handed over to an NGO in 2016 for 10 years. Despite increasing its annual budget, the hospital saw little improvement.

Similarly, 1,125 basic health units from Thatta to Kashmore, the civil hospitals of Sujawal and Badin, and the Ibrahim Hyderi Hospital in Karachi have also been transferred to NGOs, with NICVD and the Karachi Institute of Heart Diseases (KIHD), now requiring patients to pay for their treatment. Experts fear JPMC will follow the same model after becoming autonomous, charging patients privately in the evening and eroding its original public-service mandate.

"The hospital will receive direct one-line funding from the Sindh Government, bypassing the provincial health department. A committee has been formed by the Chief Minister to oversee the process, but no meetings have taken place yet. The hospital owes over Rs600 million to various vendors and service providers," stated Dr Rasool.

Meanwhile, employees have expressed strong reservations over this move. Many have waited over a decade for promotions, with some retiring without ever being promoted. Additionally, with hundreds of biomedical devices non-functional, solar systems inefficient and many departments closed or nearly inactive, patients are forced to wait for both medicines and surgeries.

(By Tufail Ahmed, The Express Tribune, 04, 18/10/2025)

Two held for selling dead chicken meat

Police on Sunday claimed to have arrested two suspects for their alleged involvement in selling the meat of dead chickens in the Moosa Colony area.

Acting on a tip-off, the police carried out a raid near Railway Crossing and apprehended two suspects namely Anwar Idris alias Ali Bengali and Kamal Manan, according to the SSP-Central Zeeshan Shafiq Siddiqi.

He added that police had received secret information that the suspects were selling dead chicken meat. During the action, 80kg meat of dead chickens were also seized from their custody.

The officer described those dead chickens as injurious to human health. The Sindh Food Control Authority officials were also called on the occasion.

The Gulberg police have registered an FIR (503/2025) against the arrested suspects under Sections 269 (negligent act likely to spread infection of disease dangerous to life:), 273 (sale of noxious food or drink) and 34 (common intention) of the Pakistan Penal Code.

Two 'TTP men' held

Police on Sunday claimed to have arrested two suspected militants, said to be linked with an outlawed group, in wounded condition after an alleged encounter on the city outskirts.

SSP Amjad Shaikh identified the suspects as Khalid and Adil and claimed that they belonged to the outlawed Tehreek-i-Taliban Pakistan (TTP), according to a police statement.

Two pistols and a motorcycle were recovered from their custody.
(By Newspaper's Staff Reporter, Dawn, 14, 20/10/2025)

Dengue returns

EVEN floods and ferocious monsoon spells could not compel the authorities to take timely precautions. Dengue has returned with a vengeance. A rusty healthcare system is clogged with patients suffering from the seasonal menace, leaving little space and staff for other emergencies. While the Sindh health department has so far set this year's tally at 819, the health services director general's data for Karachi and Hyderabad is 579 and 119 respectively. Four Karachi hospitals show 2,972 cases between Sept 1 to Oct 16. A Hyderabad institute confirmed 9,075 in the same period. The total exceeds 12,000 cases in six weeks; and includes fatalities in Karachi and Hyderabad. In Rawalpindi and Islamabad, the dengue toll since July is 1,093. In KP, the infection soared to 3,638 cases, with at least two deaths in Mardan.

Repeated warnings — climate change has shifted vector-borne virus patterns, producing temperature-resilient species and strains — came to naught. A sustained, wide-ranging programme comprising mass awareness, fogging, fumigation drives and water drainage is absent. Punjab, despite the recent deluge and rains, has managed to stay dengue-safe through another virus season. This proves that well-timed directives, and public and administrative watchfulness can prevent misery. In 2017, KP sought support from Punjab, which had battled a dengue outbreak in 2011 with a notable strategy involving collaboration between Pakistani, Indonesian and Sri Lankan doctors. Fresh regulations to dispel the annual health epidemic were enforced. Sindh and KP should put political egos aside and do the same. The people's well-being and that of scores of flood victims at the mercy of the elements must take precedence. An upgraded version of the Punjab template, alongside the availability of doctors and medicines to avoid acute cases of low platelet counts is crucial. Additionally, indoor residual spraying and cost-free dengue tests can help keep the *Aedes aegypti* mosquito at bay.

(By Editorial, Dawn, 06, 21/10/2025)

Seasonal ailments grip Karachi

The city's dry weather, chilly nights, and hot daytime temperatures have led to a rapid increase in patients suffering from asthma, allergies, fever, and respiratory illnesses. According to medical experts, dusty winds, burning garbage, and poor sanitation have worsened the situation, with both government and private hospitals across the city seeing a notable rise in patients with asthma, fever, malaria, and dengue.

In this regard, Dr Liaquat Ali, Additional Medical Superintendent (OPD In-charge) at the Civil Hospital and a pediatric specialist, said that in the month of October, there has been a surge in the number of children suffering from asthma and allergies. He explained that in small children, a wheezing sound while breathing - medically termed "wheezy child" - is a clear sign of respiratory distress.

He reported that the number of patients visiting the hospital's OPD daily has increased from over 100 to around 140, he added. Further, Dr Liaquat said that despite the end of the monsoon season, cases of dengue and malaria are still being reported in large numbers, with special wards having been established in the hospital on the instructions of the Health Department.

Currently, he reported, dengue is the most widespread illness, while cases of chikungunya are relatively low. The doctor explained that both dengue and chikungunya are spread by the same mosquito species and their symptoms are quite similar. Chikungunya typically causes severe joint pain and swelling, whereas dengue presents with high fever, back pain, headache, and vomiting. Dr

Liaquat stressed that if a patient has high fever, it is essential for them to immediately get tested for dengue and malaria. He stated that dengue causes platelet count to suddenly drop, rapidly worsening the patient's condition, and advised that dengue patients drink plenty of fluids and only take painkillers when absolutely necessary. He stated that continuous monitoring of platelet count is crucial, advising that if the count falls below 100,000, extra caution is needed; if it drops to 30,000-40,000, the test should be repeated every six hours.

The doctor also mentioned that the first wave of bronchiolitis in children under six months of age appears during this season, and that even seemingly healthy and well-nourished infants can suddenly face severe breathing difficulty, sometimes requiring ventilator support. Asthma and Chronic Obstructive Pulmonary Disease (COPD) patients also need to be particularly careful in this weather.

Dr Liaquat urged the public to wear masks, avoid taking children outdoors unnecessarily, refrain from using mosquito-repellent coils in rooms, and keep birds such as pigeons and parrots away from children.
(By Dua Abbas The Express Tribune, 04, 21/10/2025)

Karachi most affected by dengue in Sindh

Dengue cases continue to rise across the province, with the Sindh Health Department's latest report confirming 920 cases so far this year, most of which have been reported from Karachi.

According to the Health Department's data, 276 confirmed dengue cases have been reported across the province this month alone. Karachi remains the most affected with 124 cases reported so far, followed by Hyderabad with 82 cases, Mirpurkhas with 58, Sukkur with nine, Shaheed Benazirabad with two, and Larkana with one case.

Sindh Health Minister Dr Azra Pechuho said that the provincial government has intensified its anti-dengue campaign across the province, with all districts directed to improve fumigation, spraying, and drainage systems.

Test rates slashed

The Sindh Healthcare Commission (SHCC) has announced a significant reduction in prices for dengue, malaria, and CBC tests, from October 21 to December 31, in a move aimed to provide relief to patients and make healthcare more affordable.

The price of the ICT malaria test has been reduced from up to Rs3,050 to Rs600, while the dengue NS1 Ag (ICT/ELISA) test now costs Rs1,100, down from up to Rs4,550. Further, the dengue IgM/Combo test will be available for Rs1,500, reduced from up to Rs4,150, and the CBC with Smear test, including follow-up CBC for dengue cases, will now be available at Rs500, instead of the previous Rs1,250.

(By Newspaper's Staff Reporter, The Express Tribune, 04, 22/10/2025)

Key challenges in polio eradication efforts highlighted

A senior Rotary Foundation member has said that conflict, illiteracy, migration patterns and disinformation are persistent challenges to eradicating poliovirus from the country.

Aziz Memon — a member of the International PolioPlus Committee and National Chair, Pakistan PolioPlus Committee — said that World Polio Day, which is being observed on Friday (today), assumed greater significance for Pakistan because it is one of the only two countries left in the world where polio still exists.

With 74 cases recorded in Pakistan in 2024, the figure has gone down to one-third this year, reflecting progress in containing the spread of the disease, he said, adding that these are primarily in high-risk districts of Sindh and Khyber Pakhtunkhwa. Karachi remains a critical battleground as well.

Citing conflict, illiteracy, migration patterns and disinformation as persistent challenges, Mr Memon said that the solution lies in unyielding political will, community engagement, and the unwavering efforts of organisations like Rotary.

World Polio Day today

He said the Pakistan Polio Eradication Programme, supported by Rotary and GPEI partners, is one of the most extensive public health campaigns in the world. "Today, we are very close to eradicating a disease globally from our planet. When this happens, it will be only the second time in human history that a disease has been forever eliminated. The first time was when smallpox was eradicated in 1980," he added.

He recalled that World Polio Day was first observed by Rotary International on October 24, 1985, to commemorate the birthday of Dr Jonas Salk, the scientist who developed the first effective polio vaccine in 1955.

After this, the Global Polio Eradication Initiative (GPEI) was established in 1988 with Rotary as a founding partner, alongside WHO, Unicef, the US CDC, and later the Bill & Melinda Gates Foundation, he said, adding: "Since then, Rotary has contributed more than \$3 billion towards polio eradication worldwide and over \$500 million in Pakistan alone. Today, 2.5bn children have been immunised against polio thanks to the cooperation of more than 200 countries and 20 million volunteers."

(By Newspaper's Staff Reporter, Dawn, 14, 24/10/2025)

Polio-free promise

FOR more than three decades, Pakistan has fought poliovirus with collective determination, reducing cases by 99.6 per cent. Despite concerted efforts, poliovirus has survived in two countries, posing persistent risk to the health and lives of vulnerable children in Pakistan and Afghanistan. As we commemorate World Polio Day 2025, Pakistan stands at the threshold of history, with a pivotal opportunity to eradicate it completely.

Through the coordinated hard work of the government, partners, and our dedicated front-line health workers, polio cases have dropped dramatically from an estimated 20,000 cases to 30 so far this year. Polio eradication is, however, a zero-sum game, and behind each of these 30 cases is a child whose life has been forever changed, and a family and community also paying the cost. Every child deserves to grow up free from the threat of this preventable disease.

As the Prime Minister's Focal Person for Polio Eradication and newly nominated Gender Champion for the Global Polio Eradication Initiative, I firmly believe that our fight against polio is not only a public health mission. It is also a promise to secure a healthier, more equitable future for our children and to create an environment where both women and men can thrive as leaders in nation building.

Reaching and vaccinating all vulnerable children across the country is not an easy task. Our front-line health workers form the backbone of Pakistan's polio operations, with women comprising nearly 60pc of the workforce. I have witnessed their extraordinary courage firsthand, walking for long distances through harsh weather and difficult terrain, overcoming sociocultural barriers, and reaching every child with steadfast dedication. Polio eradication remains a top national priority and reinvigorated efforts are underway to halt the viral surge starting mid-2023. Under the direct leadership of the honourable prime minister, and with strong coordination across provinces and districts, Pakistan stands united in its purpose to eliminate this disease once and for all.

Pakistan stands united in its purpose to eliminate polio.

Through science-driven and evidence-based operations, more than 400,000 vaccinators travel across the country several times a year to reach over 45 million children offering the highest quality vaccination at their doorsteps. Standing ahead of the virus all the time is critical to mount an efficient and aggressive response, Pakistan, therefore, also has the world's strongest polio detection systems, with over 12,000 sites tracking suspected cases and 127 locations testing sewage samples for the virus, all supported by a high-quality WHO-approved laboratory.

Challenges remain, including insecurity, vaccine hesitancy, misinformation, population movement and gaps in health infrastructure, but science tells us eradication is achievable, and the window to act is now. To that end, Pakistan has launched a new 'Roadmap to Zero Polio' strategy to strengthen and intensify our response, optimising the use of scientific and technological developments. Alongside operational improvements, we are deepening our commitment to gender equality, expanding community engagement, ensuring every child receives routine vaccines and essential health services.

The impact of the polio programme goes far beyond vaccination. Polio workers bring health services and vital information directly to communities and help families understand the importance of immunisation. Even during emergencies such as Covid-19 and floods, they continue to serve, build trust and resilience where it matters the most.

While all this collaborative work is taking us closer, our mission is still far from over. As long as poliovirus exists anywhere, no child is truly safe. As a mother myself, I know there is no greater priority than protecting our children from vaccine-preventable diseases. It is our collective responsibility, as parents, caregivers, educators, faith leaders, and community members, to ensure every child under five receives the polio vaccine during every campaign. Every door that opens to a vaccinator, every campaign that reaches one more child, brings us closer to a polio-free world.

This World Polio Day, let us remember that our success will be measured not only by the eradication of a virus, but by the empowerment of those who make it possible, the women and men on the front lines, and the communities standing behind them. In this final mile towards global eradication, Pakistan has the chance to seize this historic opportunity, aligning strengths and discharging obligations to protect not only our own children but also the ones around them. By acting together now, we can secure a healthier, polio-free future for every child, in Pakistan and across the world.

(By Ayesha Raza Farooq Dawn, 07, 24/10/2025)

Health minister vows to boost pharma exports to \$30bn

Federal Minister for National Health Services, Regulations and Coordination Syed Mustafa Kamal on Thursday said that the government has decided to increase the export of pharmaceutical equipment and medicines from the current level of around \$1 billion to \$30bn in the coming years.

He said this while addressing a ceremony after the inauguration of a three-day '22nd Health Asia-2025 Exhibition & Conferences' at the Expo Centre.

Mr Kamal said that the target of the government was to elevate Pakistan's pharmaceuticals, pharmaceutical equipment and medicines exports to \$30bn, adding that it was a very significant day in Pakistan's economic history as a three-day exhibition was being held, in which delegates and companies from over 50 countries were participating.

The minister added that Pakistan's health sector was "achieving new levels of innovation and overcoming new challenges."

'Non-evidence-based prescribing costs Pakistan up to Rs50bn a year'

Meanwhile, federal health officials have said that Pakistan is losing an estimated Rs35 to Rs50 billion every year due to non-evidence-based prescribing and unethical marketing of medicines, a practice that not only drains the country's healthcare resources but also fuels antimicrobial resistance (AMR) and erodes global trust in local pharmaceutical products.

Speaking at the Health Asia Conference, Drug Regulatory Authority of Pakistan (Drap) Chief Executive Officer Dr Obaidullah said more than half of all medicines sold globally are either inappropriately prescribed or promoted, while in Pakistan, the irrational use of drugs accounts for up to a quarter of the total health budget.

"Around 65 per cent of Pakistan's healthcare spending is out of pocket, and yet a large part of it is wasted on irrational prescriptions. This is both an ethical and economic failure," he said.

Addressing a session titled "Redefining Pharma Marketing: From Data Insights to Patient Impact", Dr Obaidullah warned that unethical promotion and misuse of antibiotics have contributed to over 700,000 deaths annually linked to AMR in Pakistan.

He said that infections once easily treatable, such as typhoid, tuberculosis and urinary tract infections, are now becoming resistant to almost all available drugs.

"Overuse and unethical promotion shorten a drug's commercial life and erode brand credibility. Once-dominant antibiotics like ampicillin, ciprofloxacin and cefixime now face declining markets due to resistance. AMR means loss of efficacy, revenue and export trust," he said and stressed that ethical marketing should not be seen as a barrier to business but as a "trade enabler."

"Ethical compliance is now a prerequisite for access to global regulated markets. Countries and companies that ignore this reality are losing competitiveness," he said.

PharmEvo Chief Executive Officer Syed Jamshed Ahmed said ethical marketing is the way forward for the pharmaceutical sector. "Our marketing must focus on patients' needs and their sufferings, not sales targets. Unethical practices not only burden patients but endanger their lives," he said.

He said the latest market data show that even with ethical practices, both unit sales and product value can increase significantly. "When companies act responsibly, the result is brand loyalty and long-term growth. Ethics, transparency, and collaboration are the future of pharmaceutical marketing," he added.

Health Asia organiser Prof Dr Zakiuddin Ahmed said he wants to bring all stakeholders together for practical discussions on patient care, innovation and industry collaboration. "Pharma is a key player in healthcare. We want to use this platform to encourage dialogue, promote solutions, and create ease for both patients and businesses," he concluded.

(By Newspaper's Staff Reporter, Dawn, 13, 24/10/2025)

Experts call for renewed efforts to tackle key challenges in fight against polio

As the government acknowledged the services of polio workers at a programme held on Friday in connection with World Polio Day, experts underscored the need for renewed efforts to tackle the key challenges hampering progress in the fight against the crippling disease.

They identified the persistent circulation of the virus in the environment, vaccine hesitancy, security concerns and operational gaps as the four key challenges.

Speaking at a programme organised by the Emergency Operations Centre (EOC) for Polio Eradication at the Jinnah Postgraduate Medical Centre, provincial health minister Dr Azra Fazal Pechuho paid rich tributes to everyone engaged in the fight against polio, including deputy commissioners and district health officers, describing them as "real heroes".

"If the same level of commitment and cooperation continues, we will, God willing, make Sindh a polio-free province by 2026," she said, adding that polio workers served humanity selflessly, often at a great personal risk.

Murad, health minister, Karachi mayor pay rich tribute to vaccinators on World Polio Day

"These workers are true heroes who continue their tireless efforts, going door-to-door to administer oral polio drops to children despite challenging circumstances," she said, adding that the number of polio cases had dropped in Sindh due to their efforts.

The minister appealed to parents to ensure that their children were immunised against the illness. "Children with weaker immunity are more vulnerable to the virus. (But) Parents must understand that even apparently healthy children can be affected," she said, emphasising that protecting every child against the illness was important for the complete eradication of the disease.

Dr Pechuho also reaffirmed the government's commitment to the cause and stressed that the eradication of the highly contagious viral infection was a national responsibility.

The event concluded with a tableau performance by children, followed by the distribution of certificates to outstanding workers.

Officials in attendance included Secretary Health Rehan Baloch, Provincial EOC Coordinator Irshad Sodhar, Chairman Polio Plus Committee Aziz Memon and representatives of the World Health Organisation (WHO) and United Nations International Children's Emergency Fund.

Meanwhile, experts associated with the Pakistan Medical Association (PMA) underscored the need for making a real assessment of nationwide polio efforts, focusing on the barriers that hamper progress.

"We must ask why polio couldn't be eradicated from Pakistan. The answer lies in a complex interplay of challenges," said Dr Abdul Ghafoor Shoro, secretary general of the PMA, pointing out that pockets of the virus remained, especially in Khyber Pakhtunkhwa and Sindh, despite massive multiple vaccination exercises.

"Misconceptions and general mistrust in government initiatives continue to fuel vaccine refusals, leaving children unprotected while polio workers and their security personnel continue to be targeted, hampering immunisation efforts in volatile regions."

Difficulties in reaching mobile populations, managing cross-border movement with Afghanistan (the other endemic country), and strengthening routine immunisation services contributed to immunity gaps, he added.

About suggestions to make the country polio-free, he said the efforts must include public awareness exercises through trusted community and religious leaders to combat false narratives and build public confidence in the vaccine.

"Besides, we need to integrate polio vaccination efforts with the broader Expanded Programme on Immunisation. There should be strict accountability for operational failures, low coverage, and persistent virus detections in specific areas."

Also on Friday, Sindh Chief Minister Murad Ali Shah reaffirmed the government's commitment to eradicating polio, urging parents to ensure their children receive vaccination drops during every campaign.

In their separate messages on World Polio Day, the CM and Mayor Barrister Murtaza Wahab praised polio workers for their tireless efforts in reaching every household, calling them "national heroes" safeguarding the future of children.

They appealed to citizens not to fall prey to misinformation and negative propaganda about the vaccine and fully cooperate with vaccination teams to ensure no child is left unprotected.

(By Faiza Ilyas Dawn, 13, 25/10/2025)

Sindh warns of 20,000 polio cases if campaign falters

The Sindh Emergency Operations Centre (EOC) has cautioned that Pakistan could witness up to 20,000 new polio cases within the next three years if the ongoing anti-polio campaign is not sustained. The warning came during a ceremony held in connection with World Polio Day at the Najmuddin Auditorium of JPMC.

Speaking as the chief guest, Sindh Minister for Health and Population Welfare Dr Azra Fazal Pechuho reaffirmed the provincial government's commitment to eradicating polio from Sindh by 2026. "God willing, we will make Sindh polio-free by 2026," she declared, while paying tribute to polio workers who, she said, "leave their homes and families to serve the nation." The event was attended by Health Secretary Rehan Baloch, representatives of the World Health Organization (WHO), UNICEF, and other partner organisations. EOC Sindh Coordinator Irshad Sodhar presided over the ceremony.

In his remarks, Sodhar lauded polio workers as "frontline heroes" and proposed that October 24 - World Polio Day - be observed as Vaccine Day to honour their tireless efforts. "These workers brave sun, rain, heat, and floods - even travelling by boat to ensure every child receives the polio vaccine," he said.

Dr Pechuho appealed to parents to ensure their children receive polio drops, warning that even seemingly healthy children can carry and transmit the virus. She stressed that the government and its partners remain steadfast in their mission to eradicate the disease.

At the event, Dr Akhtar Abbas, a polio survivor, shared his inspiring story. Struck by polio at the age of three and a half, he overcame physical challenges to become an ultrasound specialist. "Those two drops are vital for every child's future," he said.

EOC representatives highlighted that when Pakistan launched its polio eradication campaign in 1988, there were over 350,000 reported cases. Thanks to sustained efforts, the number has now dropped dramatically.

"From 20,000 to just 20 cases - this is the result of consistent commitment," they said. However, they cautioned that if vaccination efforts weaken, international data suggests the number could again rise to 20,000 within three years.

During the event, Dr Pechuho also addressed other health-related matters. She clarified that JMPC remains under a lease from the federal government and dismissed rumours about its outsourcing. On dengue, she stated that only OPD cases are being reported, while the People's Primary Healthcare Initiative (PPHI) continues to strengthen services at dispensaries across Sindh.

Commenting on the issue of stray dogs, the minister said that administrative balance is needed as animal rights activists often intervene whenever culling operations are discussed.

Representatives from WHO and UNICEF reiterated the proven safety and effectiveness of vaccines, urging parents to administer polio drops to their children so Pakistan can finally be declared polio-free.

(By Newspaper's Staff Reporter, The Express Tribune, 04, 25/10/2025)

Dengue case data 'doesn't include patients tested by private labs'

Keeping in view a big difference between the number of dengue cases reported by the provincial government and the situation on the ground, the Sindh health minister has clarified that official data includes only cases reported from government hospitals.

While the number of cases in Karachi and Hyderabad has increased alarmingly over the past few weeks, the Sindh health department stated in its latest report on Sunday that the total number of confirmed cases has reached 1,083 in 2025.

However, figures collected recently from the Indus Hospital, Liaquat National Hospital, the Sindh Infectious Diseases Hospital and Research Centre and the Jinnah Postgraduate Medical Centre showed over 4,000 confirmed cases only in Karachi alone. Hyderabad is also facing an alarming situation, where many deaths had been reported. However, the health department has confirmed only two deaths — one in Karachi and another in Hyderabad.

The government has been facing strong criticism over this disparity, with a senior Pakistan Medical Association office-bearer had said that official figures did not represent the ground reality.

Against this backdrop, Health Minister Dr Azra Pechuho said in a statement that "if a patient undergoes testing at a private laboratory, that report is not included in our official data". She said that the health department maintained "complete records of all confirmed dengue cases received from government hospitals".

The minister emphasised that the figures released by the health department are verified and authentic.

She urged the public not to believe unverified information or rumours circulating on social media, adding that "data of all patients admitted to hospitals or treated in outpatient departments (OPDs) is properly maintained by the department".

Govt confirms 439 cases in October

In the [report](#), the health department said that 439 new cases have been reported so far in October, bringing the total number of confirmed cases in 2025 to 1,083.

Karachi Division remains the most affected, with 188 cases reported this month, followed by Hyderabad Division with 154 cases, Mirpurkhas 83, Sukkur 10, Shaheed Benazirabad 3, and Larkana Division with one case.

The health minister stated that the Sindh government was working seriously to curb dengue across the province. "Anti-dengue measures, including fumigation, spraying and drainage improvement, have been intensified in all districts."

She said deputy commissioners and district health officers had been instructed to ensure that no stagnant water remains, as it serves as a breeding ground for mosquitoes.

She added that equal attention was being given to both urban and rural areas, and separate dengue units have been established in all government hospitals where free treatment and testing facilities are being provided.

(By Newspaper's Staff Reporter, Dawn, 13, 27/10/2025)

6 children among 9 dead in gastro outbreak on Karachi's outskirts

Nine people, including six children, have died of gastroenteritis after consuming contaminated water and food in a village on the outskirts of Karachi, forcing the government to declare a health emergency in the affected areas and the nearby Malir district.

Faiz Muhammad Burro Goth, where the deaths occurred, is located near Bahria Town Karachi and falls within the territorial jurisdiction of Thana Bola Khan, district Jamshoro.

Sources said the deaths were reported over the past few days.

Confirming the deaths, provincial health minister Dr Azra Fazal Pechuho, in a video clip, explained that preliminary findings suggested the outbreak occurred when several people, who had gathered for a funeral over a week ago, consumed contaminated water and food and subsequently fell ill.

Victims, all residents of a goth near district Malir, died after consuming contaminated water, food; govt declares emergency in affected areas

"A medical camp has been functioning in the area for a week, while 24-hour emergency services are now available at three local hospitals. Mobile hospital vans are operational, providing basic laboratory and medical services to patients," she said.

The minister added that district health officers (DHOs) were monitoring the situation and that the Rescue 1122 ambulance service had been put on alert.

In his remarks, Malir DHO Imdad Channa said that while the outbreak had occurred in Jamshoro, nearby hospitals had also been put on high alert.

"Government hospitals in Jamshoro, Dumba Goth [Gadap] and Murad Memon Goth (Malir) are on high alert. The situation is now under control," he said, adding that people in the affected village used water from an open underground tank for drinking purposes.

The sources said that water samples had been collected from the area and sent for analysis.

According to experts, gastroenteritis is an intestinal infection that includes signs and symptoms such as watery diarrhoea, stomach cramps, nausea or vomiting and sometimes fever. The most common way to develop gastroenteritis, often called stomach flu, is through contact with an infected person or by consuming contaminated food or water.

In 2023, a woman died of gastroenteritis in a Malir village, and hundreds of people across the city fell ill due to the infection. Experts stated that the situation appeared to have developed mainly due to the consumption of contaminated food and water, coupled with the unhygienic conditions that emerged soon after animal slaughter was performed across the city during Eid al-Azha.

The sources said that the gravity of the situation could be gauged from the fact that over 4,200 patients had visited the Jinnah Postgraduate Medical Centre, Dr Ruth Pfau Civil Hospital Karachi and The Indus Hospital in less than a week, and that a village in district Malir was experiencing an outbreak of gastroenteritis.

(By Faiza Ilyas Dawn, 13, 28/10/2025)

3,995 children in Sindh are HIV positive, minister told

Health Minister Dr Azra Pechuho was informed on Tuesday that the spread of HIV in Sindh had reached an "extremely alarming" level, with 3,995 registered HIV-positive children in the province.

A high-level meeting on the alarming rise of HIV cases across Sindh was chaired by the health minister. She was briefed by officials that more than 600,000 quack doctors are operating in Sindh, 40 per cent of them in Karachi alone.

The officials said that major causes of the spread of HIV include unregulated and unethical medical practices, unsafe blood transfusions, illegal clinics, unregistered blood banks, re-use and repackaging of syringes, contaminated injections, cannula centres, reuse of razors by barbers, sale of hospital waste, unscreened blood, and unsafe dental tools.

The minister issued strict directives to all SSPs and deputy commissioners to immediately shut down illegal health facilities and take decisive action against quackery and unsafe medical practices.

She ordered mandatory screening of pregnant women to prevent any mother-to-child virus transmission.

She instructed the Sindh Healthcare Commission (SHCC) and police to ensure that sealed healthcare units would not re-open.

The minister also directed that sale of hospital waste must be stopped immediately, and a complete list of licensed blood banks be issued, while unregistered blood banks should be closed without delay.

She warned that compromised blood screening poses a deadly risk, while unhygienic dental procedures, unsafe circumcision practices, and exposure to infected waste put thousands of children especially garbage pickers at risk.

Dr Pechuho stressed that people using drugs and other vulnerable groups must not be harassed, but supported through awareness and prevention, as they are patients deserving medical protection, not exploitation.

She instructed the SHCC to strengthen oversight at the district level and warned that unsealing of facilities involved in illegal medical practices will not be tolerated.

(By Newspaper's Staff Reporter, Dawn, 13, 29/10/2025)

'57 children died of vaccine-preventable measles in province this year'

Expressing serious concern over growing numbers of measles' cases these days, especially in Karachi, health experts at an event held on Tuesday urged parents to get their children protected against the highly contagious and potentially fatal viral infection — which has claimed at least 57 lives this year so far, while affecting over 4,200 (confirmed cases) others in 73 outbreaks across the province.

They were speaking at a media briefing jointly organised by Directorate of Expanded Programme on Immunisation (EPI) with Unicef in connection with the upcoming 12-day Measles-Rubella (MR) and OPV (oral polio vaccine) immunisation campaign starting from Nov 19. It targets 8.2m children for MR vaccination and 8.4m for OPV.

According to experts, Pakistan has seen the second highest number of measles' cases after Yemen in the world this year — over 12,000 cases with 125 deaths — and the situation is projected to go worse, if no intervention was made.

"We believe getting protection against vaccine-preventable diseases is every child's basic right and the government is doing its best to ensure that. Unfortunately, what we are missing is parents' cooperation. It's criminal (negligence) on their behalf to miss routine immunisation doses for their children," Dr Khalid Shafi representing Pakistan Paediatric Association (PPA) said, adding that the drive would have a direct impact on children's health status if parents showed support.

Experts urge parents to inoculate children against contagious infection

According to him, measles not only involves a high risk of complications, including pneumonia, but also poses a continued risk to life even after child's recovery.

"Years after apparent recovery, measles can cause brain swelling, seizures, lifelong neurological damage or even death. This complication is rare but we have seen numerous such cases in our practice," he said.

He described a single case of measles in a community as a shame given the fact a 100 per cent effective vaccine was available for free against the infection.

National Immunisation Adviser Dr Ali Murtaza, who is also associated with the National Institute of Child Health, where currently two children with measles are on ventilator, emphasised the need to focus on measles.

"Perhaps, what could wake up parents is to show them the condition of children being treated in our intensive care units," he said. Tracing the background of the immunisation programme, Dr Sohair Raza Sheikh, Additional Project Director, EPI, Sindh, said that it was established in 1978 and grew over the years, today covering vaccination against 12 infections.

"We have a robust mechanism with trained teams, covering 1,190 union councils across the province. We have increased immunisation coverage of zero dose children from 76 per cent to 81 per cent identified over the last four drives," he said.

A third-party evaluation, he pointed out, had showed that routine immunisation programme had made significant progress over the past few years; for instance, there has been a 60 per cent decline in measles outbreaks while mortalities have dropped from 132 in 2024 to 57 this year.

"Over 557,000 children who missed their doses during the pandemic have been identified and vaccinated during the big-catch rounds for which the age-bar was enhanced from two years to five years," the EPI official said, adding that neonatal tetanus had been eliminated.

He also talked about how the whole system was being upgraded, which included provision of different facilities to the field staff to increase efficiency, hiring of over 900 vaccinators and mapping the cold chain.

Child immunisation, he said, was mandatory and any refusal or obstruction was a punishable offense under Section 9 of the [Sindh Immunisation and Epidemics Control Act 2023](#).

WHO representative Dr Ramesh Kumar explained that rubella was the leading vaccine-preventable cause of birth defects, stressing that protection against the viral infection was important.

"In the upcoming drive, 8.2m children aged six to 59 months (five years) across all 30 districts will be targeted," he said, adding that young children were also falling victims to measles due to which the age-bar had reduced to six months.

About the polio status, he said there had been nine cases in Sindh so far out of the 30 reported in the country. He regretted that only 70 per cent parents get their children vaccinated in routine immunisation, leaving 30 per cent children unprotected.

The experts emphasised that no new vaccine was being introduced and that these vaccines were effective, safe and already part of the routine immunisation efforts.

Dr Arslan Memon of EPI-Sindh, Dr Zaid bin Arif, of Unicef, and federal EPI representative Dr Saadullah Chachar also spoke.
(By Faiza Ilyas Dawn, 13, 29/10/2025)

HIV/AIDS shock

OVER the past two decades, Pakistan has faced several HIV eruptions and the ignominy of ranking second among nations with the sharpest rise in HIV cases in the Asia-Pacific region. Sadly, not even the scale of the crisis has spurred the government into action. The Sindh health minister has been told about the "extremely alarming" HIV spread, which includes 3,995 registered HIV positive children in the province and over 600,000 fake doctors; 40pc operate in Karachi. Officials cited unethical medical practices, risky blood transfusions from unregulated blood banks, contaminated syringes, dental equipment and razors, and the sale of hospital waste as causes. The tragedy is compounded by violations of global SOPs. Mundane directives are not the way forward. The calamity should compel the authorities to create accountability processes and databanks, with certified medics and ample resources to repair the rickety healthcare system.

The battle against HIV/AIDS involves a preventable and treatable virus; but the social stigma arising out of misconceptions has worsened matters. Therefore, awareness about the causes and the manner in which the virus attacks the immune system should be created in schools and colleges. Ending HIV/AIDS entails reaching each patient and everyone at risk, among them drug addicts, commercial sex workers and the transgender community. The authorities must scale up testing, crack down on quacks, ensure a steady supply of the mandatory antiretroviral therapy and implement stringent infection control measures at health units and blood banks. Without a pro-citizen stance and global medical advancements to combat this health emergency, upsurges and mortalities cannot be blocked. Additionally, policies and campaigns must be framed to alleviate poverty, keep children in school and create a reliable health infrastructure. Above all, societal attitudes have to change so that seeking treatment does not become a casualty of shame.

(By Editorial, Dawn, 06, 30/10/2025)

Children with HIV

Health Minister Dr Azra Pechuho recently chaired a meeting on the "extremely alarming" spread of HIV, and the figures revealed to her state that nearly 4,000 children in Sindh are registered as HIV-positive, while simultaneously over 600,000 unlicensed doctors operate across the province. The current figures expose a devastating failure of public health and governance, and a lack of structural response is on its way to make matters much worse.

These figures are not two separate crises but two sides of the same coin. The uncontrolled proliferation of unregistered clinics, unsafe blood banks and the unethical re-use of syringes and dental tools by these quack doctors are explicitly named as major causes of the virus' spread. This negligence transforms the very institutions meant to heal into vectors of disease, particularly victimising the most vulnerable sector of society - children.

The core social issue here is the compromise of healthcare standards driven by poverty and the lack of access to regulated facilities. While the public remains uninformed about the significance of vetted and certified clinics for sensitive practices such as blood transfusions and dental check-ups, it is also to an extent helpless against the rising cost of healthcare in the province, forced to turn towards shady clinics that offer respite. If they are well aware of the risks attached, it eventually becomes a risk they are willing to take.

The government's recent directive for a zero-tolerance policy, mandatory pregnancy screening and the immediate closure of illegal facilities is a necessary step, but only beneficial if enforcement is swift and uncompromising. The Sindh Healthcare Commission and law enforcement must coordinate effective and sustained action against quackery and the illegal sale of hospital waste. But efforts to subsidise healthcare must supplement such actions. Providing compassionate care and ensuring access to treatment is as vital as curtailing the spread.

(By Editorial, The Express Tribune, 14, 02/11/2025)

Rising cases of dengue in Sindh expose govt inability to tackle disease

After sitting idle amid rising cases of dengue, the Sindh health department has finally decided to tackle the outbreak of the mosquito-borne viral disease by adopting what some believe as a "proactive approach", particularly in Karachi and Hyderabad — the two major urban centres of Sindh.

However, before the department could take any concrete steps, some 30 precious lives — 26 in Hyderabad and four in Karachi — had already been lost from October 1 to Nov 2, according to the victims' families. However, the health department has so far confirmed only six deaths in the province.

The death of a student has now led to the initiation of criminal proceedings, under a judicial order, against the doctors of Sindh's second-largest tertiary care hospital and a teacher at Liaquat Medical University.

After the media highlighted the rising number of dengue cases and political leaders expressed concerns, chief secretary of Sindh Asif Hyder Shah, lately, had to hold back-to-back meetings to review the situation. He told the officials to pull their socks up to ensure "robust coordination". The pace of the fumigation drive has noticeably accelerated.

The health department has not yet shared complete statistics of cases despite a visible surge in number of dengue patients in Hyderabad.

Meanwhile, the provincial health minister has also admitted that the available data doesn't include cases from private laboratories. However, following the intervention of the chief secretary the health department started collecting figures from private health facilities.

But in case of Hyderabad, district health officer (DHO) didn't include statistics of the largest pathological facility of the very Sindh government ie, Diagnostic and Research Laboratory (DRL) of Liaquat University of Medical and Health Sciences (LUMHS) having massive outreach in Sindh.

It was the same DRL that had worked in the 2020-2021 Covid-19 pandemic in Sindh, offering tremendous support to the government by performing a maximum number of Covid tests round the clock.

Since the commencement of dengue season, the health department seems to be downplaying the onslaught of mosquitoes by sharing data only from a few hospitals.

"When you don't have actual numbers anywhere in case of an ailment you can't plan your future strategy," noted a senior pathologist.

"We have been alerting Sindh health functionaries about the gradual rise in dengue cases but they didn't take it seriously," said a medical expert.

The health department had previously established a dengue surveillance cell when it first made its presence felt in the province over 10 years ago. Now dengue virus situation is being managed by Deputy Director General Vector Borne Disease (VBD).

Exceptional rise in cases warrants research as to why the vector is proving to be so lethal this year, said another expert.

A look at the DRL's dengue positive tests of 2023 and 2024 shows that a total number of 2,612 positive cases were reported in Jan-Dec 2023 and 4,283 in Jan-Dec 2024. Cases of Latifabad in both years topped the list with 1,995 in 2023 and 1,509 in 2024.

Qasimabad with 1,249 cases stood second in 2024 after Latifabad. But from Oct 1 to 14, 2025, Latifabad had 2,013 cases and Qasimabad 1,688. Nobody has so far analysed why the incidence of dengue remained consistently on the higher side in Latifabad and Qasimabad besides city.

"Yes, the data was discussed in recent meetings in addition to the number of patients admitted in government and private facilities," said an official.

Civic administrations have been asked to engage with health officials for any kind of support or coordination with them at district level, he added.

"What about people having tests done at laboratories elsewhere in the city but not reporting to government hospitals for various reasons?" he wondered.

Most dengue cases and death were reported in Hyderabad this year.

Hyderabad DC chaired a meeting on the issue last month and wrote to the health secretary, again belatedly, identifying inadequate arrangements in the LUH and Bhitai hospital Latifabad.

He also sent letters to DHO, Municipal Commissioner of Hyderabad Municipal Corporation (HMC), all TMCs, inviting their attention towards fumigation.

"There is an acute shortage of dengue testing kits in LUH which resulted in several patients being turned away without proper consultation and care. It poses a significant risk to public health and may lead to escalation in cases in Hyderabad," he told the health secretary.

Health officials still seemed reluctant to explain why there is so much burden of this vector borne infection.

"We aren't allowed to speak on it [dengue]. You should contact the health minister's media coordinator," said Director General Health Dr Waqar Mahmood when asked to explain the status of Sindh-wide dengue cases.

When the minister's media coordinator Meeran Yusuf was approached through a Whatsapp message, she referred this correspondent to Murad Waheed of the health department. Mr Waheed chose not to respond to *Dawn's* questions till Sunday.

Provision of dengue test kits is yet to be resolved — which has been halted due to some litigation on the tendering process — though Additional Secretary of Procurement Monitoring & Inspection (PM&I) Cell Ibrahim Memon insisted the tendering process issue had been resolved. "Tender proceedings for dengue were delayed due to departmental reasons as they had to be re-invited. But now it has been finalised and hopefully provision of kits will be actualised from next week," according to Memon, who referred to court litigation over central tenders and stay was granted by court.

Sindh health department's performance — particularly health secretary Rehan Iqbal Baloch — was under judicial scrutiny by the Sindh High Court Sukkur bench where a couple of litigations are underway and court has held him incompetent to hold this position.

"Government leaders are told it is the health department that is letting us down," observed a Sindh government official, alluding to orders passed against incumbent health secretary.

Pakistan Medical Association (PMA) Sindh chapter views the present situation with deep concerns and believes that desired fumigation exercise continues to elude people at mass level. "The fumigation that is being seen is only at the cost of some precious lives," says PMA Sindh general secretary Dr Haleem Thebo.

"It looks like fever/infection caused by dengue is severe this season and apparently there is some mutation of virus causing serious complications especially if there are comorbidities. Patients are taking weeks to recuperate. It requires research based findings," he asserted.

(By Mohammad Hussain Khan Dawn, 13, 03/11/2025)

Crackdown ordered after HIV cases at SITE hospital

The Sindh Healthcare Commission (SHCC) has taken immediate action following the emergence of HIV cases at Kulsoom Bai Valika Hospital in Karachi's Keamari district.

Director Anti-Quackery Dr Zubair Soomro, along with his team, met with Deputy Commissioner Keamari Tariq Chandio to discuss regulatory enforcement across the district, healthcare standards, and strengthening epidemic prevention measures.

Concerns were raised regarding the illegal de-sealing of quacks' establishments and the need to uphold government authority through coordinated enforcement. It was agreed that the SHCC, DC Office, SSP Keamari, and DHO would jointly inspect public and private hospitals. Furthermore, a district-wide crackdown will be launched against unqualified practitioners with the support of law enforcement agencies, and FIRs will be immediately filed against violators.

The deputy commissioner assured that the spread of HIV is a serious threat and pledged full administrative and police support to the SHCC from the Government of Sindh and the district administration, following the directives of the health minister. Assistant Commissioners will aid the anti-quackery teams during field actions.

Additionally, the SHCC inspection team visited Valika Hospital to review hygiene standards and assess compliance with infection prevention and control practices, patient safety protocols, waste management, and procedures for safe injection use and disposal. (By Newspaper's Staff Reporter, The Express Tribune, 05, 07/11/2025)

Dengue rising

PAKISTAN is in the midst of a dengue outbreak that has once more exposed the dysfunction within its health system. From Karachi to Peshawar, thousands have been infected and dozens are believed to have died since October, even as official figures remain implausibly low. In Sindh alone, families claim more than two dozen deaths in Hyderabad, but the health department acknowledges only eight. Similar gaps between official and ground-level data have been reported in KP and Punjab, where hospitals continue to receive new patients despite the onset of cooler weather. The scale of underreporting is alarming. By the government's own admission, figures exclude patients tested or treated at private laboratories and clinics — the primary source of care for many. This omission has rendered the provincial response reactive and confused. Testing kits have been scarce due to procurement disputes, fumigation began only after public outrage, and the Sindh High Court has censured senior health officials for incompetence.

Climate conditions have worsened the crisis. Prolonged humidity and unseasonably warm temperatures have extended the breeding season for mosquitoes, while erratic rainfall and poor drainage have turned urban centres into incubators for disease. Experts believe a more virulent dengue strain may also be circulating this year, with patients taking weeks to recover. Pakistan's dengue crisis is not new. Each year we see the virus return with predictable ferocity. Yet the authorities repeat the same mistakes — data opacity, delayed coordination, and disregard for research. It is not enough to spray insecticide after public pressure or issue appeals for cleanliness. The state must create an integrated surveillance system that includes private laboratories, ensure steady supplies of testing kits, and support research into evolving viral strains. Without sustained planning and transparency, dengue may become a year-round public-health threat rather than a seasonal one. (By Editorial, Dawn, 06, 07/11/2025)

Four more dengue deaths take official tally to 25 in Sindh

The health department declared on Thursday four more deaths — three of them children under 12 years — from dengue fever, raising the official tally to 25 in the province.

According to the department's data, two victims — a 30-year-old woman residing in district South and an 11-year-old girl residing in Keamari — had been admitted to the Dr Ruth Pfau Civil Hospital and the Ziauddin Hospital in Karachi.

The two other victims — a six-year-old boy hailing from Badin and a three-year-old girl — died at Liaquat University Hospital in Hyderabad.

Out of the total 5,899 patients who went for tests for the mosquito-borne viral infection during the last 24 hours in the province, 1,192 tested positive.

In Karachi and Hyderabad divisions, 642 and 550 new cases of dengue fever were confirmed.

The number of new admissions at government and private hospitals stood at 109 and 100, respectively.

"A total of 4,940 dengue cases have been recorded across the province so far this month, while the total number of dengue-affected people this year has risen to 10,502," secretary health Rehan Baloch stated in a press statement.

Sources said the situation was far more serious than what was being officially presented as at least 28 lives had been lost to the illness in Karachi alone — 12 deaths at the Sindh Institute of Infectious Diseases and Research Centre, six at the Aga Khan University Hospital and 10 at the Indus Hospital.

"The general public is paying a high cost for official negligence. If the government had timely initiated vector-control measures, we wouldn't have been seeing so many people dying from an easily preventable disease," said Dr Abdul Ghafoor Shoro of the Pakistan Medical Association (By Faiza Ilyas Dawn, 13, 07/11/2025)

HPV campaign fails to reach targets

With women's reproductive health considered a stigmatized topic, for the longest time, cervical cancer remained sidelined in the national health policy. Recently, when the government finally decided to initiate an HPV vaccination campaign, public mistrust brought the drive to an unfortunate end.

According to the World Health Organization (WHO), cervical cancer, which forms in the cervix, the lower part of the uterus, is the fourth most common cancer affecting women globally. It is mainly caused by persistent infection with high-risk types of the human papillomavirus (HPV), a virus transmitted through sexual contact.

Data from the HPV Information Centre shows that cervical cancer is the second most common cancer among Pakistani women aged 15 to 44. Each year, over 5,000 women are diagnosed with the disease, and at least 3,000 of them die as a result. The country's cervical cancer mortality rate ranges between 60 to 85 per cent, far higher than the global average of around 45 per cent.

In September this year, an HPV vaccination campaign was launched across Karachi and the rest of Sindh for 15 days, targeting 4.1 million girls aged nine to 15. An international organization, GAVI, provided 13 million doses of the HPV vaccine free of cost to the Government of Pakistan. Yet, the 15-day campaign could not meet its targets.

Despite officials from the Expanded Programme on Immunization (EPI) claiming a 65 per cent coverage rate across Sindh, actual ground realities paint a different picture. According to EPI data, the vaccination coverage in Kemari district was only 16 per cent. Other areas also saw low coverage rates. In East District, 37 per cent of 291,552 girls were vaccinated while in South District 39 per cent of 173,772 girls were vaccinated and in Central District 42 per cent of 284,976 girls received the vaccine.

Parents' lack of interest remained a major hurdle despite pre-campaign awareness efforts by health authorities. Vaccine opposition groups also ran a negative campaign on social media, with some using AI-generated videos to spread fear and panic among parents.

Khushab Khattak, a resident of Banaras, Karachi, questioned why the campaign was only run in Sindh and Punjab and not in K-P or Balochistan.

"The government is ignoring major health threats while pushing the HPV vaccine aggressively in schools. This, in my view, raises doubts about the true motive behind the drive. My daughter's school insisted on her attendance on vaccination day, and many parents like me, unaware of the vaccine's purpose, chose not to allow their children to receive it," said Khattak.

On the other hand, Professor Dr Jahan Ara Hasan, Head of Gynaecology at Dow University of Health Sciences, emphasized the fact that apart from cervical cancer, the HPV vaccine could prevent oral and anorectal cancers among both men and women, therefore the immunization drive was a critical initiative.

"Sadly, many parents refused the HPV vaccine since they believed it contained an implant for controlling fertility. Even some educated parents were skeptical since the vaccine being administered is a Chinese HPV vaccine, known as Cecolin, which appears dubious in terms of trials and efficacy," said Dr Hasan.

Conversely, the campaign is seen by many as a test run before officially incorporating the HPV vaccine into the EPI program in 2026. According to Dr Raj Kumar, the Project Director of EPI, Rs797 million has been earmarked for the procurement of vaccines over the next three years. Each year, 700,000 girls aged nine to 15 will be vaccinated. "Though the federal government will handle the procurement, Sindh is responsible for funding its share," said Dr Kumar.

(By Tufail Ahmed The Express Tribune, 05, 07/11/2025)

Call to declare health emergency in Karachi, Hyderabad amid dengue surge

As the dengue fever crisis persists with more than 400 patients battling the mosquito-borne viral infection in hospitals across the province, the Pakistan Medical Association (PMA) has called upon the government to immediately declare a health emergency in the most affected divisions of Karachi and Hyderabad and launch effective vector-control measures.

Data released by the provincial health department showed that 11,763 dengue fever cases — 6,199 cases this month — have been recorded this year in the province.

Against this backdrop, the PMA called for an independent audit of the provincial dengue prevention and control programme and for oversight of municipal services to identify and hold accountable the officials responsible for the worsening situation.

"The dengue crisis is a man-made tragedy rooted in the systemic dysfunction of government bodies. The lack of political will to ensure sanitation, waste management, and timely and effective fumigation has turned our cities into breeding grounds for the Aedes mosquito. Every death reported is a verdict on the failure of the local government and the provincial health department," the association stated. It also criticised delayed and ineffective fumigation and what it described as a "collapse of municipal services".

"Mandate the immediate clearing of stagnant water, open drains, and garbage dumps by local administrations to destroy mosquito breeding sites and enforce environmental health standards," the association demanded.

Over 200 admitted in Hyderabad hospitals

According to the health department data, a total of 429 patients — including 147 patients in Karachi and 203 in Hyderabad — are currently under treatment at private and public sector hospitals.

It said 25 people, including several children, have lost their lives to dengue fever since October.

Health Secretary Rehan Baloch, however, has claimed that dengue positivity in Hyderabad had declined from 46 per cent last week to 35pc this week.

"The government is closely monitoring the situation," he stated in a press statement.
(By Faiza Ilyas Dawn, 13, 09/11/2025)

Death toll rises to 26 as girl dies of dengue

A teenage girl died of dengue fever on Sunday at the Sindh Infectious Diseases Hospital and Research Centre (SIDH&RC), raising the official tally to 26 in the province since October.

The data released by the provincial health department showed that the 19-year-old girl was a resident of Korangi.

Sources said that the victim had fits when her family rushed her to the hospital.

"She reported to us with dengue encephalitis, a rare and severe complication of dengue fever," a senior doctor at SIDH&RC told *Dawn*, adding that the girl passed away a day after admission.

The symptoms of dengue encephalitis, he pointed out, included seizures, muscle weakness, confusion or disorientation, and altered consciousness or coma.

Doctor says there's no decline in cases despite drop in temperature

According to sources, the total number of dengue fever deaths at SIDH&RC — where currently 30 patients are battling the mosquito-borne viral infection — has risen to 13 this year.

"Despite a drop in temperature, we are not seeing any decline in cases right now. I think we might have to wait until December to see a noticeable decline in cases in Karachi," he said.

Official figures show that a total of 727 patients — 269 in Karachi and 458 in Hyderabad — tested positive for dengue fever in the last 24 hours.

"Currently, 271 patients are under treatment at government hospitals and 171 at private healthcare facilities. The provincial tally of cases has risen to 6,708 this month, while a total of 12,284 cases have been recorded this year," said a statement released by the health department.

According to experts, dengue is not a communicable disease. However, during the first four to five days of fever, an infected person can transmit the virus to mosquitoes, which can then infect others. Even during recovery, if *Aedes* mosquitoes are around, protection is essential.

(By Faiza Ilyas Dawn, 13, 10/11/2025)

Sindh govt fixes dengue, malaria test rates but most labs in Karachi don't comply

Despite the Sindh Healthcare Commission's (SHCC) recent announcement of slashing fees of dengue, malaria and complete blood count (CBC) tests to make healthcare affordable for citizens, many private diagnostic laboratories are still charging patients their "own rates".

Keeping in view the alarming surge in dengue and malaria cases in the province, the SHCC issued a notification on Oct 21, directing all private diagnostic laboratories in Sindh to lower the fees for dengue and malaria-related tests till Dec 31, 2025.

It said that the maximum rates of malaria ICT (Immunochromatographic Test) were reduced from Rs3,050 to Rs600, the dengue NS1 (non-structural protein 1) antigen test from Rs4,550 to Rs1,100, the dengue IgM/combo test from Rs4,150 to Rs1,500, and the CBC with smear test (including follow-up CBCs for dengue patients) from Rs1,250 to Rs500.

In a media release, the commission had claimed that major diagnostic facilities, including the Aga Khan University Hospital (AKUH) Clinical Laboratories, Chughtai Lab and Dr Essa Laboratory and Diagnostic Centre, Tabba Heart Institute and other laboratories, had agreed to implement the revised rates.

Healthcare commission sets maximum fees for various clinical tests in view of outbreak; AKUH, LNH implement revised charges

It is true that labs of the Aga Khan University Hospital and Liaquat National Hospital (LNH) have implemented the new rates, but a survey conducted by *Dawn* revealed that several laboratories continue to charge more than the approved rates.

Private diagnostic laboratories in Karachi generally fall into four categories — those catering to corporate clients; hospital-based labs operating within private facilities; those affiliated with hospitals but maintaining collection points across the city; and independent diagnostic laboratories that operate citywide without hospital affiliation.

Chughtai Lab, Dr Essa Lab and Tabba Heart Institute, which agreed to comply with the SHCC's directives, are implementing the revised rates only partially, the survey showed.

Chughtai Lab has adopted the new rates for the malaria ICT and dengue NS1 tests, but continues to charge Rs800 for a CBC and Rs6,000 for a dengue IgM (anti-body), well above the prescribed limits.

Similarly, Dr Essa Lab is charging Rs720 for a CBC, compared to the SHCC's capped rate of Rs500, though the remaining three tests follow the official rates.

Likewise, Tabba Heart Institute is charging Rs1,010 for a CBC test instead of Rs500.

Laboratories run by charitable health organisations, including Hussaini Diagnostic & Pathology and Al-Khidmat Hospital Lab, are charging either equal to or lower than the SHCC's revised rates.

By contrast, Dow Lab, a public/government-affiliated entity, is charging Rs580 for a CBC and Rs810 for a malaria ICT, both exceeding the maximum rates set by the SHCC.

Several private hospitals' in-house laboratories are also reportedly ignoring the revised rates.

According to sources, some private hospitals have "their own pricing" and they do not follow the SHCC's notification, while others say they are "considering the implementation" but have not yet made any changes.

Patients left burdened

For patients in low-income localities, the revised prices have offered little relief.

With dengue cases continuing to surge in Karachi, many families say they still cannot afford the diagnostic tests, which collectively cost around Rs4,000, while their daily income averages only Rs1,000 to Rs1,500.

Sadia, a mother of two from New Karachi, said she was asked to pay Rs3,100 for dengue and CBC tests.

"I cannot afford this. It's almost equal to my husband's weekly earnings. I heard the government had reduced the rates, but what's the use of such a reduction if we still can't afford the tests?" she asked.

A patient at a trust hospital in North Nazimabad shared a similar experience.

"I was advised to undergo a CBC, MP ICT and dengue tests. The lab staff demanded Rs6,660. When I mentioned the SHCC's reduced rates, they refused and said the hospital had its own prices," he said, adding that he could not visit another laboratory as he was already unwell.

Response from SHCC

Talking to *Dawn*, SHCC Chief Executive Officer Dr Ahsan Qavi said that in view of the rising cases of dengue and malaria, the commission, in coordination with private diagnostic laboratories, had decided to reduce the rates of these tests.

He explained that the reduced rates would only be applicable if a patient visited the laboratory with a doctor's prescription.

Dr Qavi said that the notification issued by the commission was being implemented.

He added that a compliance letter had also been sent to private hospitals' in-house laboratories, directing them to follow the revised rates issued by the SHCC.

He further stated that if any private laboratory is found not following the SHCC's revised rates even after a patient have a valid prescription from a medical practitioner and a complaint is received, the commission will take action accordingly.

(By Dawar Shoaib Dawn, 13, 10/11/2025)

68pc employees with diabetes face workplace bias in Pakistan: IDF study

More than two-thirds of employees living with diabetes in Pakistan have faced negative treatment at work because of their health condition, while over half have even considered leaving their jobs due to fear of discrimination and stigma, according to new research released by the International Diabetes Federation (IDF).

The IDF survey revealed that 68 per cent of employees with diabetes in Pakistan reported negative workplace experiences — the highest rate among all participating countries followed by India (55pc) and the United States (42pc).

Over 58pc said they had thought about quitting their jobs because of how people with diabetes are treated at work.

Vice president of the IDF and president of the National Association of Diabetes Educators of Pakistan (NADEP) Erum Ghafoor described the findings as "deeply concerning".

"It is indefensible that people living with diabetes are facing stigma, isolation and discrimination at their workplaces," she said.

The study found that employees with Type 1 diabetes were more vulnerable to workplace bias, with nearly three-quarters (72pc) reporting negative experiences compared to 41pc of those with Type 2 diabetes. More than half (52pc) said they had been denied short breaks or time off needed for diabetes management.

The research also found that diabetes-related stigma significantly affects career growth. Over one-third (37pc) of respondents said they had missed out on career development or training opportunities because of their condition.

The report noted that fear and silence compound these challenges, with many employees reluctant to disclose their condition. Only one in 20 workers had shared details of their diagnosis with their employer. Half of them admitted they had kept it secret out

of fear of being treated differently, while nearly a third of those feared that revealing their condition would limit their career progression.

The study highlighted that many employees continue to rely on informal peer support rather than institutional mechanisms. Around 46pc said they had confided in just one trusted colleague, while only 26pc had shared their diagnosis with a few others.

According to the IDF, this hesitation underscores a lack of trust in workplace systems and the need for inclusive environments where health concerns can be addressed openly.

Daily diabetes management remains another challenge

The research disclosed that about 22pc of employees felt uncomfortable administering insulin at workplace, while 16pc were uneasy about checking their blood glucose levels. Without proper facilities or understanding from employers, these routine medical needs can become daily obstacles, increasing stress and affecting productivity.

“No one should have to hide their condition out of fear of being treated differently or denied opportunities,” said Ms Ghafoor.

“Living with diabetes requires continuous management, and workplaces must recognise the physical and mental toll it can take. Simple steps such as flexible schedules, privacy for glucose checks, and understanding from supervisors can make a world of difference,” she emphasised.

According to IDF, 33 million people in Pakistan — 26.7pc of its total population — have been diagnosed with diabetes. This number is expected to increase to 62m in 2045. The number of people with diabetes awaiting diagnosis in the country is 8.9m. (By Faiza Ilyas Dawn, 13, 12/11/2025)

Two women die of dengue in Karachi and Hyderabad

The Sindh health department has said that two more women died of dengue in Karachi and Hyderabad, bringing the death toll to 29 this year.

It said one of the deceased patients lived in Karachi’s Liaquatabad area.

The department said that a total of 5,412 tests were conducted across Sindh during the last 24 hours, out of which 976 tested positive for dengue.

In Karachi Division, 3,951 tests were carried out with 528 confirmed cases. As many as 1,461 tests were conducted in Hyderabad division which resulted in 448 positive cases.

Health Secretary Rehan Baloch stated that 127 new dengue patients were admitted to government hospitals and 84 to private hospitals in the last 24 hours.

Meanwhile, 96 patients were discharged from government facilities and 79 from private hospitals after recovery.

So far this month, 8,331 dengue cases have been reported in Sindh, raising the total number of infections this year to 13,908.

Currently, 269 patients are under treatment in government hospitals and 184 in private facilities across the province.

For dengue patients, 293 beds have been allocated in Karachi’s public sector hospitals, 167 in Hyderabad, and 556 in other districts, totalling 1,026 across Sindh.

In private hospitals, 482 beds have been reserved for dengue patients, the health department said.

(By Newspaper’s Staff Reporter, Dawn, 13, 13/11/2025)

Moving scenes as DUHS mourns loss of three final-year students

Moving scenes were witnessed at a condolence reference organised by the Dow University of Health Sciences (DUHS) to mourn the death of three final-year medical students who drowned in the sea two days ago.

The condolence reference was attended by university administration, faculty members and a large number of students.

During her speech, DUHS Vice Chancellor Prof Nazli Hossain became emotional, and many participants were also moved to tears.

Prof Hossain said that the loss of Ahmed Kashif, Muhammad Asharib Munir and Syed Ashhad Abbas Fatmi was one of the most painful moments of life, one that will never fade from memory.

VC Hossain says syndicate to consider award of posthumous MBBS degrees to deceased

She said that teachers, like parents, guide and discipline their students only for their well-being. She advised students to share the grief of the martyred students’ parents and to maintain a bond with them in the future, especially by visiting them on festive occasions, so that their sorrow may be eased.

She added that the DUHS Syndicate will consider awarding MBBS degrees to the deceased students.

Speaking on the occasion, Dow Medical College Principal Prof Saba Sohail said that the martyrdom of the three students may be the greatest tragedy in Dow's history.

"A catastrophe has struck these three families. Being a mother myself, I can understand the unimaginable pain these mothers are going through," she said, adding: "Children who lose their parents are called orphans, but there is no word to describe the grief of parents who lose their children."

Registrar Dr Ashar Afaq emphasised that classmates of the three students must try to maintain a connection with the families so their burden of grief may be lightened.

He added that this tragic incident has cast a wave of sorrow across the Dow family all over the world, and condolence messages are being received through social media and other channels.

Vice Principal Dr Shumaila Khalid, Prof Afrina Raza and fellow students also spoke.

On Nov 12, a group of students had gone for a picnic to Manora, where three of them drowned.
(By Newspaper's Staff Reporter, Dawn, 13, 15/11/2025)

Shah Medical Centre permanently sealed after newborn's death

The Sindh Health Care Commission (SHCC) has permanently sealed Shah Medical Centre in North Nazimabad after repeated violations, including the illegal operation of the hospital, endangering critically ill patients, and attacking government officials enforcing prior closure orders.

The move comes two days after authorities partially closed the hospital following the death of a new-born girl and subsequent complaints from her family. An SHCC expert panel had found the hospital guilty of negligence and ordered the closure of neonatal, ICU, and IPD wards due to lack of qualified medical and paramedical staff.

Despite clear instructions, the hospital administration, led by owner Bilal Afzal — who holds a Bachelor of Eastern Medicine but was illegally practicing as an allopathic doctor — resumed operations and admitted critically ill patients without certified specialists.

During the earlier partial closure, Afzal reportedly brought in armed individuals and a lawyer who harassed SHCC officials and police personnel, blocked access, and detained staff and authorities temporarily. One person was arrested during the altercation.

The hospital's history of malpractice is well documented. Afzal had previously made false allegations against the SHCC and has repeatedly operated beyond his legal authority. On 26 March 2025, the parents of the deceased new-born had filed a complaint with SHCC after their child, admitted for respiratory distress and high fever, died under treatment at the hospital.

The SHCC emphasised that all actions were legally backed, conducted with proper documentation, and witnessed by local and international media representatives.

The Commission gave the hospital 24 hours to transfer existing patients safely to other facilities before the permanent closure. Authorities ensured all patients in ICU and other critical wards were safely relocated.

SHCC officials reiterated that public health and patient safety are their top priority. They warned other unauthorised health centres operating in the area to cease operations immediately or face criminal prosecution. The Commission also confirmed that legal action would be taken against Afzal and other individuals involved in illegal medical practices, obstructing government officials, and endangering patients' lives.

(By Newspaper's Staff Reporter, The Express Tribune, 05, 15/11/2025)

Another three die of dengue

Three more patients, including two women, died of dengue in the province, raising the total death toll to 36 this year, the Sindh health department said.

It said that a 50-year-old man and an 80-year-old woman passed away in Hyderabad, while a 55-year-old woman died in Karachi.

The health department stated that 180 new dengue patients were admitted to hospitals across the province in the past 24 hours. It said that 113 of them were admitted to public sector hospitals while 57 in private health facilities.

Currently, it said, 241 patients are undergoing treatment at public and private hospitals throughout the province.

In Karachi division, 44 patients were admitted to government hospitals, while 35 patients were admitted in Hyderabad and 34 from other districts.

A total of 5,229 dengue diagnostic tests were conducted in the last 24 hours, of which 774 returned positive.

The department added that 191 patients recovered and were discharged from hospitals during the same period.

Health officials urged citizens to take preventive measures, eliminate mosquito breeding sites and seek immediate medical attention in case of symptoms.

(By Newspaper's Staff Reporter, Dawn, 13, 16/11/2025)

HIV found in children previously treated at hospital in Karachi's SITE town

A serious health crisis, involving children as young as one year, is brewing in the impoverished and densely-populated neighbourhood of SITE Town where more than 15 children have been diagnosed with HIV (human immunodeficiency virus) over the past few weeks with at least two fatalities during the same period while the number of the affected children is still rising.

At the centre of the crisis is the Kulsum Bai Valika Social Security SITE Hospital, commonly known as Valika Hospital, in SITE Town, where the children treated for different health complaints over the past few months have been diagnosed with HIV.

It all emerged recently when people of the neighbourhood with the help of their local government representatives and political leadership of the locality took a solid stand when they learnt about the dark reality.

"In August 2025, an 18-month-old girl fell ill. She was admitted to the Valika Hospital," said Irshad Khan, vice chairman of SITE Town's UC-1, which comprises Pathan Colony and Bawani Chali areas.

"However, her weakness and fever persisted, after which she was taken to a private hospital. Doctors at the private hospital suspected that the child might have some other serious issue. They conducted several tests, after which she was diagnosed with HIV. When the private hospital doctors inquired about the child's prior treatment, they were informed that she had earlier been treated at the Valika Hospital. It rang alarm bells. We set up a five-member committee on our own comprising leaders of all political parties working of the area — the Jamaat-i-Islami, PPP and ANP."

The committee led by Mr Khan — who himself belonged to the Pakistan Tehreek-i-Insaf — has since been aggressively pursuing the management of the Valika Hospital to conduct screening of those children of the UC who have been treated at the facility over the past few months. It was found that at least 18 of them were HIV-positive.

"But the problem is that despite severity of the issue, we don't see any seriousness and urgency in the hospital management while the health department seems least bothered about it," he said.

"We [the committee members] visit the hospital almost daily, but hardly anyone responds. We want every child, at least those who have been treated here since August 2025, to be screened. Currently dozens of children have gone through tests and 18 of them have been diagnosed with HIV. They are aged between one to nine years. On the other hand, hundreds of children are still there roaming in streets, living in houses or going to schools in the impoverished locality. This revelation could only be the tip of the iceberg. We need to take this situation seriously and devise an urgent and aggressive strategy. But authorities are not cooperating."

Authorities respond

Responding to *Dawn* queries, an official at the Valika Hospital confirmed that screening for AIDS was underway at the facility while some children had been found to be HIV-positive. However, the officer did not disclose the exact number of affected children.

The government authorities, however, have rejected any such adverse impression.

Dr Kanwal Mustafa, Additional Director HIV/AIDS, Communicable Disease Control (CDC), Sindh Health Department, claimed that her institution responded immediately and set up an anti-retroviral therapy (ART) centre at the same health facility under the question.

"We are further expanding access to HIV treatment and care services in that area," she added.

Other than recent reported cases at the Valika Hospital, she claimed that a "comprehensive approach" was being taken by the health department, CDC-1 HIV/AIDS Sindh, to tackle HIV/AIDS, focusing on both treatment and prevention.

A total of 31 ART centres have been established across Sindh, offering free counselling, diagnostics and prophylaxis services to HIV-positive individuals, including pregnant women and their children, she added.

When asked about the possible cause of the recent outbreak among the children who were treated at the Valika Hospital, she said "facts and data are still being analysed".

She referred to common practices that usually cause such viruses to spread.

"HIV transmission in Pakistan, whether urban or rural, is a complex issue driven by several factors," said Dr Kanwal. "Unlicensed practitioners reusing syringes and IV drips play a major role in the spread of the virus. Unregulated blood banks further exacerbate the issue, while widespread illiteracy and poverty create an environment conducive to the transmission of viruses."

Despite the risks associated with injections, many Pakistanis believe that injections offer a quick relief, driving their widespread use, she added.

"Quackery in our society and high-risk behaviour among drug users compound the problem. Pakistan's high anaemia prevalence among children under five also increases the likelihood of blood transfusions, heightening the risk of HIV acquisition," she said.

The government-led investigations may take time to uncover the truth behind the recent HIV outbreak among children of SITE Town, but Vice Chairman of the UC Irshad Khan's personal observations paint a dangerous scenario.

"During our recent visits to the Valika Hospital, we ourselves repeatedly witnessed the reuse of used syringes," he revealed his shocking observation.

"Many staff members also confirmed this practice. I am shocked at how something like this is even possible at a government hospital.

I'm not an expert, but I am certain that, among many other factors, this could be one of the reasons why HIV has spread among the children being treated there."

(By Imran Ayub Dawn, 13, 17/11/2025)

Doctors warn against misuse of new weight-loss drug

Amid a rapid rise in the use of Semaglutide for weight loss among Pakistani celebrities and well-known public figures, medical experts have warned that the drug's misuse, especially in higher-than-recommended doses, poses serious health risks, including pancreatitis, thyroid cancer, and severe gastrointestinal complications.

Speaking to The Express Tribune, general surgeons said that Semaglutide is a weekly injectable medication originally prescribed to patients with type-2 diabetes for controlling blood sugar and glucose levels. They explained that the drug slows stomach and intestinal movement, prolonging the feeling of fullness and reducing appetite - an effect that has made it increasingly attractive for weight loss.

Common side-effects of the medication include nausea, vomiting, abdominal pain, and diarrhea, while more serious complications may involve pancreatitis and thyroid-related issues. The surgeons stressed that despite being designed specifically for diabetes management, Semaglutide's use is growing quickly in Pakistan. Using it solely to shed a few kilograms, they warned, is irresponsible and potentially dangerous.

Dr Shehryar, a plastic surgeon at JPMC, confirmed that Semaglutide's use is rising particularly among celebrities and social figures, with several well-known actors having experienced rapid weight loss through the drug. However, he warned that while Semaglutide is effective, it carries side-effects and must only be used under strict medical supervision.

Many people, he warned, begin with high doses or inject it every second or third day - even though the recommended starting dosage is just 0.25 mg weekly. Such reckless use can lead to thyroid cancer, pancreatitis, gallstones, dehydration, mood disturbances, impaired vision, and worsening diabetic retinopathy.

Reduced food intake and dehydration also frequently result in physical weakness. Dr Shehryar urged the public to use Semaglutide only on a doctor's advice, with proper monitoring and dosage, to avoid serious long-term health consequences.

Professor Abdullah Muttaqi, President of the Pakistan Islamic Medical Association Sindh, said that Pakistan is witnessing the same trend as the rest of the world regarding Semaglutide use. The drug, he explained, slows gastric emptying, suppresses appetite, enhances insulin secretion, and lowers blood sugar levels - all of which contribute to weight reduction. However, potential side-effects include nosebleeds, throat swelling, breathing difficulties, pancreatitis, calcium deficiency, abdominal discomfort, and excessive weight loss. He added that healthier and safer alternatives for weight loss include maintaining a balanced diet, regular physical activity, adequate sleep, and proper hydration.

(By Dua Abbas The Express Tribune, 05, 19/11/2025)

Mayor inaugurates neonatal ICU at Abbasi Hospital

Mayor Barrister Murtaza Wahab laid the foundation stone for several development projects, including the construction and restoration of roads around the Abbasi Shaheed Hospital and inaugurated the new Neonatal Intensive Care Unit (NICU) at the hospital.

"The facility has 25 incubators and vents for the newly born so that immediate care can be provided to them free of cost," he said in a social media post.

Deputy Mayor of Karachi Salman Abdullah Murad, Deputy Parliamentary Leader in the City Council Dil Muhammad, administration of the Abbasi hospital, and the vice chancellor and registrar of Karachi Metropolitan University were present on the occasion.

The mayor said that providing basic facilities around the city's hospitals was being prioritised.

After completion of the road construction and restoration, traffic flow in the surrounding areas would significantly improve, he added.

Says parks should not have walls so that citizens can enjoy greenery

The improvement of paediatric facilities at the hospital is an important step towards providing quality healthcare services to citizens, the mayor said.

Some 25 new beds have also been added to the Neonatal Intensive Care Unit for the treatment of children with congenital diseases, and orders have been issued to provide four new ventilators to make this unit more effective, he said. "Facilities at the Trauma Centre are also being expanded."

He said that the construction and repair work on various roads around the Abbasi Shaheed Hospital was progressing rapidly.

"The roads around the hospital were in a dilapidated condition, and we had promised to improve them; now work has begun to fulfil that promise."

He announced that a new 50-bed facility was being established above the Trauma Centre, and construction work would begin soon.

"The purpose of these measures is to provide quality, faster, and accessible healthcare services to the people."

Regarding the Karachi Medical and Dental College (KMDC), promises were made in the past, but the practical step of establishing a public university for the people of District Central was taken for the first time by the Pakistan Peoples Party government, he said.

"The bill for Karachi Metropolitan University has been passed by the Sindh Assembly, and now this university is fully functional."

The mayor announced that in a few weeks, a new Centre of Excellence for Health Services would be established with the cooperation of the Karachi Metropolitan University in the soon-to-be-completed new block. "This centre will provide all facilities for diabetes, skin diseases, physiotherapy, and treatment of special children under one roof so that patients do not need to go to the general hospital and can receive services in a respectful and dignified environment."

Asphalt carpeting

Mayor Karachi Barrister Murtaza Wahab said that asphalt carpeting work in the city had formally begun. "We, the people of the Peoples Party, fulfil what we promise." He said that all assets and income of the KMC were being used for their betterment of the city.

He asked the Jamaat-i-Islami Town chairmen to use the Rs14 billion to Rs15 billion available to them for road cutting for the improvement of the city instead of keeping it in accounts, so that development work could proceed with focus.

Speaking on the 27th Constitutional Amendment, he said many people were propagating lies about it while everything was clearly written in the Constitution.

He clarified regarding the pharmacies and blood banks operating in hospitals that whichever institution used the hospital building would have to pay rent, "whether it is a pharmacy or a blood bank".

He ordered suspension of two doctors at the Abbasi Shaheed Hospital for irresponsibility upon which a senior doctor informed him that show-cause notices had already been issued to the both doctors.

The mayor said that the walls built around parks in the city become an obstacle for the public.

(By Newspaper's Staff Reporter, Dawn, 14, 19/11/2025)

Pakistan built a world-class Polio system. Then 40,000 Karachi families said no

Forty thousand Karachi families refused polio vaccines this year. In a city where the virus circulates through every district, those refusals represent the gap between Pakistan's impressive polio infrastructure and its inability to close the final mile of eradication.

Pakistan has cut polio cases by more than 99.6% since 1994—from 20,000 annual cases to just 30 this year. It has built one of the world's most extensive surveillance systems: 127 environmental sampling sites, 12,500 reporting locations, and campaigns that reach 45 million children. Two of three global poliovirus strains have been eliminated.

But Pakistan and Afghanistan remain the only countries where polio still circulates. And in 2024, the WPV1 strain resurged across 90 districts, forcing authorities to overhaul their approach with a "2-4-6 roadmap" under the National Emergency Action Plan.

"The last mile is actually very difficult to achieve," said Dr Azra Pechuho, Sindh's Minister of Health and Population Welfare, speaking at Aga Khan University on Friday. "It's the small pockets we're missing as the number of infected children is reducing." A two-hour event brought together the top names in Polio from the WHO, Sindh government, federal government and AKU.

Environmental samples confirm what health officials already know: the virus persists in underserved communities that vaccination campaigns struggle to reach. Every district in Sindh shows ongoing transmission.

The 42,000 vaccine refusals across Sindh—40,000 of them in Karachi—reflect what Dr Azra calls "vaccination fatigue." But Dr Sebastian Taylor from the Technical Advisory Group for Polio Eradication cautioned against assuming families refuse because of too many vaccines. Many refusals stem from lack of knowledge rather than vaccine overload, he said.

The WHO reports that authorities have narrowed the gap, reducing missed children from 1.48 million to 1.13 million. But low routine immunization coverage, vaccine hesitancy, and population movement continue leaving spaces where the virus survives.

South Khyber Pakhtunkhwa presents the most urgent challenge. "That's where we need to do something really fast and really hard," said Prof. Shahnaz Ibrahim, chair of the National Certification Committee, which annually determines whether Pakistan qualifies as polio-free.

The certification process requires three consecutive years with no cases and no environmental detection of the virus—and Pakistan cannot achieve it alone. "It has to be both Pakistan and Afghanistan as a unit," Prof. Ibrahim explained.

The Prime Minister's Focal Person for Polio Eradication, Ayesha Farooq, noted that WPV1's genetic diversity is "increasingly squeezed," meaning fewer chances of new strains emerging. Dr Azra said eradication remains achievable if Pakistan maintains focus during the upcoming low-transmission season.

"To the students today, you don't have to study smallpox. It's history," said Aziz Memon, National Chair of Pakistan's PolioPlus Committee. "Let us put polio in the books of history."
(By Daniyal Khuhro The Express Tribune, 05, 22/11/2025)

SIUT set to launch dialysis centre at Sharea Faisal facility

The Sindh Institute of Urology and Transplantation (SIUT) is set to formally launch a fully fledged dialysis/lithotripsy centre in the recently acquired building of erstwhile Regent Plaza on Sharea Faisal.

Currently, the SIUT Trust Hospital is equipped with 60 beds and dialysis sessions are being conducted on a daily basis. The capacity is likely to be enhanced to 200 sessions per day.

"Last year, the hospital acquired a multi-storeyed hotel building located in the central part of the city. The aim was to address shortage of space as the existing establishment seeing an ever increasing flow of patients," says a hospital official.

The SIUT began its journey in 1971 with only eight beds at the Civil Hospital Karachi. Over the years, the hospital team made remarkable progress and hit several milestones one after the other, providing state-of-the-art treatment facilities in urology, nephrology hepatogastroenterology and paediatric urology, cardiology and, above all, transplantation.

"It provides medical facilities completely free of cost and without any discrimination," says a press release.
(By Newspaper's Staff Reporter, Dawn, 13, 30/11/2025)

All milk samples collected in Karachi found unfit for human health, SHC told

The city commissioner has informed the Sindh High Court that all milk samples collected from Karachi were found unfit for human consumption by the Pakistan Standards & Quality Control Authority.

The report, which was submitted on behalf of the commissioner, also said that presence of formalin in 22 samples and phosphate in eight samples indicated extensive adulteration.

It also maintained that there was no justification for any increase in the price of fresh milk particularly due to decline in consumption of milk related products in winter.

Citing the department of agriculture, supply and price, the commissioner and others as respondents, a petition was filed in 2023 by a dairy farmer impugning a notification about the official price of fresh milk fixed in October 2023.

A report on behalf of the commissioner of Karachi was placed before a two-judge constitutional bench of the SHC headed by Justice Adnan Iqbal Chaudhry in compliance with the last court order.

The report said that the impugned notification as well as subsequent notifications were issued for revision of milk prices after due deliberations with all relevant stakeholders and in pursuant to court directives, various meetings were convened with all stakeholders to finalise milk prices.

However, it maintained that the hygiene practices and safety standards followed by wholesalers/farmers/retailers were hazardous to human health.

The report also said that an exercise of the quality checking of milk samples were conducted across the city on the request of a milk retailer association and the same were sent to the PSQCA for sampling.

"After testing, the PSQCA declared all the samples unfit for human consumption. In the meeting held on 20.11.2025, a representative of the PSQCA stated that due to unhygienic practices adopted by farmers, wholesalers and retailers, the milk was found unfit for human consumption. He further noted that the presence of formalin in 22 samples and phosphate in eight samples, indicates extensive adulteration", it added.

The commissioner in his report further stated that in order to address the issue of adulteration, the milk sellers' associations were instructed to formulate joint Standard Operating Procedures (SOPs) to ensure proper hygiene and safety practices and the same were prepared and submitted to the commissioner office on Nov 25.

It maintained that in a meeting held on Nov 20, a representative of the bureau of supply & prices observed that there was no justification for any increase in milk prices at this stage particularly in view of the seasonal decline in the consumption of milk-related products in winter and anticipated that the prices were likely to decrease in the coming month.

Subsequently, the report also said that a fresh notification was issued on Nov 27, fixing the maximum retail price of fresh milk at Rs220 per litre and all the associations were instructed to adhere to the notified rates, maintain proper measurement practices and ensure quality strictly in accordance with the SOPs.

The bench in its order noted that since no one was present for the petitioner to dispute such reports, same were taken on record.

Earlier, the petitioner had stated that he was aggrieved by a notification issued on Oct 3, 2023 whereby milk price in a certain way per litre had been fixed by the provincial authorities which was less than the actual price as per formula devised by the government itself.

In May, the bench had directed the commissioner to consider representations/applications of all the stakeholders, including the petitioner, and provide them a fair and proper hearing and fix the milk price in Karachi in accordance with law and the formula already in existence within a period of one month.

Disposing of the petition, the bench had also directed the commissioner to file compliance report after one month through member inspection Team-I of SHC for perusal in the chamber.
(By Ishaq Tanoli Dawn, 13, 03/12/2025)

Bilawal opens two SIUT units at hospital's new building

In a major initiative to provide quality care to poor patients, the Sindh Institute of Urology and Transplantation (SIUT), in partnership with the provincial government, launched two key facilities — Syed Haroon Ahmad Dialysis Centre and Zubeida Mustafa Lithotripsy Unit — on Wednesday at its trust hospital located on Sharea Faisal.

Pakistan Peoples Party (PPP) Chairman Bilawal Bhutto-Zardari officially opened the facilities at a ceremony, which was attended by Sindh Chief Minister Murad Ali Shah, Health Minister Dr Azra Fazal Pechuho, SIUT founder and director Prof Adibul Hasan Rizvi, former Federal Board of Revenue chairman Shabbar Zaidi, among others.

Speaking at the inauguration, the PPP chairman congratulated the SIUT team, describing the collaboration between the hospital and the government as a source of pride.

He paid tribute to Prof Rizvi for his long-standing and exceptional contributions to the health sector.

"The Sindh government, in collaboration with SIUT, will establish a state-of-the-art hospital in Larkana. It will also help the institute set up facilities in Gujar Khan, Sargodha, Rahim Yar Khan and Dera Ismail Khan," he announced.

Highlighting growth in support, he pointed out that the government's financial assistance to SIUT, after the 18th Constitutional Amendment, had increased from Rs6 billion to Rs21bn today.

"As a result of the devolution of powers to the grassroots level, there has been a remarkable improvement in Sindh's public health sector, and patients from across the country are seeking treatment in Sindh at government-supported hospitals offering free-of-cost care," he said.

Referring to the health initiatives taken in other provinces, the PPP chairman criticised a model introduced in Khyber Pakhtunkhwa.

"They introduced a health card and allocated the entire health department budget to this card, claiming that it would help provide free treatment facilities to the entire population of the province.

"In my view, this health model is flawed because it has a financial limit, and once that limit is crossed, the patient has to bear the expenses themselves," he said.

Says centre can coordinate with provinces through CCI

About the debate regarding transferring powers related to education and population from the provinces back to the federal government, Mr Bhutto-Zardari cautioned that would be a wrong step.

"Once a right is given to someone, taking it back on any grounds results in a backlash. We could have even managed that backlash if the federal government had demonstrated any performance anywhere, and we could acknowledge that it had at least excelled in this sector," he said.

He emphasised that the federal government already has the forum of the Council of Common Interests (CCI) available to ensure coordination with the provinces.

In his remarks, the chief minister praised the vision of the SIUT team, which decided to transform a costly hotel located in the “heart of the city” into a facility offering free treatment to everyone.

He described the trust hospital as a beacon of hope that strengthens SIUT’s network, ensuring that no patient is turned away for financial reasons.

He reaffirmed his government’s full support for SIUT and honoured the humanitarian legacy of Prof Rizvi.

The CM vowed his government’s commitment of \$15 million for the Jinnah Hospital Emergency Tower Project, contributing to a total cost of \$35m. The project, set for completion by 2029, will make Jinnah Hospital the region’s largest medical complex, with support from Faisal Edhi.

Speaking on the occasion, Prof Adib Rizvi reiterated that health is a birthright of every individual.

He stressed that healthcare facilities should be available on the doorstep of the people.

He thanked the Sindh government, its generosity as they never turned down his any request. He underlined the need that health and education must within the reach of every individual.

According to officials, the dialysis centre houses 55 state-of-the-art haemodialysis machines (including one for intensive care), serving over 200 patients daily. It incorporates an advanced reverse osmosis system and seawater RO plant to conserve water, operated by a dedicated 100-member staff.

The lithotripsy unit will help address ailments related to kidney stones in Sindh and Punjab through an advanced machine, offering non-invasive, anaesthesia-free stone fragmentation with fluoroscopy and ultrasound guidance, expected to handle up to 12 procedures daily.

(By Newspaper’s Staff Reporter, Dawn, 13, 04/12/2025)

SIUT opens new dialysis, lithotripsy centre in Karachi

The Sindh Institute of Urology and Transplantation inaugurated a new dialysis and lithotripsy centre at its recently acquired premises on Karachi’s Shahrae Faisal — the former Regent Plaza Hotel — marking a significant expansion of Pakistan’s largest free healthcare network.

“Sindh’s health budget has been spent on hospitals to provide free and quality healthcare to the public,” Pakistan Peoples Party (PPP) Chairman Bilawal Bhutto Zardari said while addressing the inaugural ceremony on Wednesday.

He confirmed federal approval for SIUT’s expansion into other provinces, saying, “Soon, SIUT facilities will open in Gujranwala, Sargodha, Rahim Yar Khan and DI Khan. From south Punjab to northern K-P, people will get the same treatment available in Karachi.”

Bilawal praised SIUT’s partnership with the Sindh government, calling it the province’s “most powerful public-private collaboration.” He noted that Sindh’s annual support for SIUT had risen from Rs6 billion to Rs21 billion since devolution.

He criticised other provinces’ reliance on blanket health-card schemes, arguing that they divert public funds to for-profit private hospitals, while Sindh invests in state infrastructure and non-profit partnerships.

Bilawal also recalled attempts during PTI rule to take back Sindh’s devolved hospitals. “We not only defended NICVD and JPMC but proved that devolution is the best model for healthcare,” he said.

In an emotional address, SIUT founder Dr Adeeb Rizvi reiterated the institute’s philosophy of universal access. “Free healthcare with dignity is our slogan, and the slogan of the people of Sindh,” he said. “We have shown that free treatment — from operations to X-rays — is possible when there is will.”

Referring to the former hotel venue, he added, “This place was once a luxury hotel; today it is a hospital for those who need it most. We have not just treated people; we have taught them that getting care is their birthright.”

Dr Adeeb Rizvi urged the government to prioritise integrated medical education, student rotations across provinces and scholarships for outstanding trainees. “Buying expensive machines is not enough — educating our doctors is what will change healthcare,” he said.

Health Minister Dr Azra Fazal Pechuho said, “SIUT is not only providing services in urology and transplantation, but also offering treatment for cancer and congenital heart diseases. We are now moving towards community-level intervention by training lady health workers and improving early recognition of congenital heart conditions.”

Chief Minister Syed Murad Ali Shah said, “Dr Adeeb Rizvi has never faced a shortage of funds; wherever he goes, people willingly come forward to support him.”

He added that the Sindh government's strongest sector is health, and that the core of its public-private partnership model is institutions like SIUT, which he described as its "shining star."

New phase of growth

Speaking at the event, a senior SIUT trustee said the institute had entered a new phase of growth centred on education, innovation and equal partnerships. "We've always believed in developing our own people — nurses, technologists and physician assistants. With more space, we will scale up these programmes, including new initiatives such as AI tools for ICU and clinical training," he said.

"Our ambition is clear: we want to make SIUT a model that helps solve real healthcare problems not just in Pakistan but anywhere in the world."

He also announced several major upcoming projects: a 300-bed children's hospital in Rehri Goth and Ranchores Lines, expected to be fully operational by summer 2026; a comprehensive cancer centre at Mehrunnisa (Korangi) and a parallel facility in Sukkur within a year; a 200-plus-bed hospital in Larkana; new SIUT centres in Rahim Yar Khan, Gujar Khan and Sargodha by 2026; and plans to introduce CAR-T cell therapy and proton therapy — treatments that would place Pakistan among countries offering cutting-edge medical care.

Former FBR chairman Shabbar Zaidi said the conversion of the 440-room Regent Plaza into a hospital demonstrates that world-class care can be delivered to the poorest citizens. "Dr Rizvi wanted to show that those who could never imagine entering such a building will now receive free treatment inside it," Zaidi said. "This will become a model of how five-star infrastructure can serve the public at large."

He added that international experts were helping redesign the premises into a modern teaching and research facility, strengthening SIUT's role as a degree-awarding medical institution.

A journey from 8 beds to Pakistan's largest free health network

Founded in 1971 with just eight beds at Civil Hospital Karachi, SIUT has grown over five decades into Pakistan's most advanced public-sector centre for urology, nephrology, transplantation, hepato-gastroenterology, paediatric urology, cardiology and cancer care.

SIUT's new campus currently houses 60 beds, with dialysis sessions already under way. The institute plans to increase its capacity to 200 sessions a day, making it one of the largest dialysis hubs in the region.

(By Qaisar Kamran The Express Tribune, 05, 04/12/2025)

Bilawal inaugurates new OPD block at NICVD, pushes for tax reforms

Pakistan Peoples Party (PPP) Chairman Bilawal Bhutto-Zardari on Friday inaugurated the newly constructed OPD block at the National Institute of Cardiovascular Diseases (NICVD), built under the Sindh government.

Speaking at the ceremony, Bilawal said Sindh had proven after the 18th Constitutional Amendment that the province can manage public healthcare far better than the federal government. He once again underlined the need for tax reforms, calling for greater devolution of taxation powers so that provinces can collect more revenue at the grassroots level.

Bilawal said the federal government faces a financial crisis because the Federal Board of Revenue (FBR) and other federal institutions are failing to fulfil their responsibilities.

According to a press release issued by the Bilawal House Media Cell, CM Murad Ali Shah and Health Minister Dr Azra Fazal Pechuho accompanied the PPP chairman during the inauguration. The new OPD block will expand patient capacity and enhance services at the main hospital of what has become the world's largest free cardiac treatment network.

Addressing the ceremony, Bilawal acknowledged NICVD's central role in delivering free cardiac treatment to millions, praising its doctors, paramedics and administration for their contribution.

Tax Collection

Bilawal criticised a former prime minister who, he said, went "from city to city claiming that the federation was bankrupt because of the funds given to provinces." He added that some current federal ministers still believe that powers and resources devolved to provinces should be taken back.

He argued that the federation's financial challenges can be addressed more effectively through improved tax collection. Bilawal said the provinces have outperformed the federal government in tax collection and that Sindh broke federal records after taking over the collection of General Sales Tax on Services (GSTS) following the 18th Amendment. He added that Balochistan and K-P have also surpassed the federal government in GST collection.

Bilawal proposed that provinces be allowed to collect additional taxes beyond GST, saying: "We, the provinces, are ready to collect taxes on behalf of the federation. If the federal government gives us a target, we will meet it and deposit all the money with the centre so it can meet its financial needs."

He offered that if a province fails to meet the FBR's assigned target, it should compensate the federation from its own share. Conversely, if provinces exceed federal targets, the additional funds should be returned to them so they can invest more in public welfare.

(By Newspaper's Staff Reporter, The Express Tribune, 04, 06/12/2025)

Neglecting food safety

FOOD adulteration is a major public health concern in Pakistan — in both remote and major urban centres. A report by the Pakistan Standards & Quality Control Authority on milk adulteration in Karachi, submitted to the Sindh High Court, starkly highlights the scale of the problem. Laboratory tests confirmed the presence of formalin — a chemical used as a preservative — and excessive phosphate in all milk samples, rendering the essential dairy product unfit for human consumption and underscoring the extent of this widespread menace. Equally problematic is the poor hygiene and safety practices observed across the supply chain — from farm to retail outlets — which the city administration described as dangerous to public health. But adulteration and unhygienic handling of food are not the only practices compromising food safety.

Another serious problem is the widespread availability of counterfeit and substandard food products marketed by unlicensed and unregistered manufacturers who imitate the brand names, packaging and even the overall appearance of popular items. These counterfeit products are not just available at street corner shops in our neighbourhoods at cheaper prices but are also on display — and quite prominently — in major departmental stores to dupe the unsuspecting public. The PSQCA's decision to crack down on unlicensed establishments selling counterfeit products across the country is a welcome step. Pakistan does not lack the laws or institutional mechanisms needed to act against mushrooming food pirates; what it does lack though is the political will to take them on. Weak enforcement has long allowed unscrupulous actors to flood the market with unsafe food products. Their proliferation not only threatens public health but also undermines compliant manufacturers who struggle to compete with unregulated producers operating in the grey economy. These legitimate manufacturers have repeatedly raised the issue with the relevant authorities in the past. Yet their pleas have failed to move these officials to take sustained action against the culprits. Though the PSQCA's latest quality control enforcement drive in Lahore and Faisalabad has produced early but limited results, the scope of the campaign must urgently be expanded to smaller cities and towns where the counterfeit industry truly thrives. Besides that, the federal quality control authority should forge strong alliances with provincial food safety departments to ensure a sustained crackdown for long-term results and impact.

(By Editorial, Dawn, 06, 07/12/2025)

Milk gone bad

The Pakistan Standards and Quality Control Authority has recently declared all milk samples collected from Karachi for testing as unfit for human consumption, setting off alarm bells in most households. According to a report submitted to Sindh High Court, hygiene practices and safety standards are not being followed at various points of the supply chain, including with farmers and retailers, making milk hazardous to human health. This less than sub-par quality of a staple food, that too often adulterated, is conveniently ignored when raising milk prices in the market.

As disheartening as it is to acknowledge that even organic, whole food items cannot be trusted in this city, it is not a new problem. Eight years ago, tests conducted by the Pakistan Council of Scientific and Industrial Research found that out of sixteen major packaged-milk brands, only six met safety standards. The rest were adulterated with unsafe chemicals.

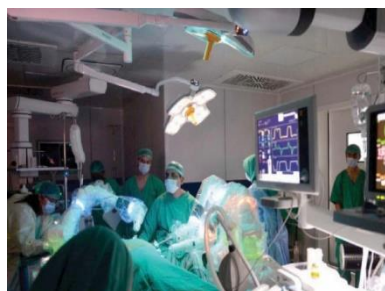
These recurrent findings point to a persistent and systemic crisis of food safety in Pakistan, particularly Karachi. When profit is prioritised over basic hygiene, protecting the health of the larger public becomes nearly impossible. The public has no choice but to pay consistently inflated prices of goods required in their daily lives, and that too without peace of mind regarding safety and hygiene. When faced with such a situation, one does question - what is the point of opting for organic over processed food when at the end of the day, both are harmful to human health?

The government must forsake sporadic testing that yields no substantial change in the supply chain. It needs to enact a robust regulatory framework that maintains hygiene standards and routinely conducts unannounced audits of suppliers. Consumers must also demand such regulation from the government. Otherwise, organic food will merely become a marketing tactic.

(By Editorial, The Express Tribune, 14, 08/12/2025)

SIUT showcases breakthrough in digital surgery

The Sindh Institute of Urology and Transplantation (SIUT) has premiered Pakistan's first web series focusing on robotic surgery, highlighting the need for advanced surgical techniques, the challenges involved, and the future of digital surgery in the country.



Titled "Precision with Purpose," the documentary highlights patient experiences, medical ethics, surgical technology, and the vital role of technicians and nurses trained at SIUT. The three-episode series runs 30-35 minutes per episode.

The series stands out for featuring real patients, doctors, and medical staff, documenting actual clinical experiences to help viewers understand the background and workflow of robotic surgery in an authentic way.

Speaking at the premiere held at Nueplex Cinemas, SIUT robotic surgeon and trustee Dr Irfan Rizvi told The Express Tribune that the perception that Pakistan lags in modern medical innovation is unfounded. "In reality, Pakistan's healthcare system has strengths matched by very few countries. Advanced surgical options are accessible here even to low-income patients, and free treatment is provided with dignity," he said.

(By Newspaper's Staff Reporter, The Express Tribune, 05, 08/12/2025)

US hospital to help set up centre of critical medical fields

The Indus Hospital & Health Network (IHHN) in collaboration with the US-based Insight Hospital & Medical Centre hosted a symposium on Sunday, marking the first step towards a long-term institutional alliance aimed at building capacity of Pakistani doctors and setting up the country's first integrated centre of excellence in critical medical fields — oncology, cellular therapy, genetics, pulmonary and critical care and nephrology.

Titled the IndusInsight2025, the event was organised at Salim Habib University, followed by a session at Governor House.

It brought together leading physicians, scientists, and policy experts, discussing the future of advanced medical care, research and training in Pakistan.

In his keynote address, Dr Jawad Shah, President of Insight Institute of Neurosurgery & Neuroscience (USA), emphasised the transformative impact of cross-border medical partnerships.

Leading physicians, scientists, policy experts discuss future of advanced medical care at Salim Habib University event

"Pakistan has immense clinical talent, but talent must be connected to systems that empower innovation. Our collaboration aims to build a model of integrative care where research, training, and clinical service move forward together," he said.

Dr Teepu Siddique representing the Novel Therapeutics highlighted the importance of building Pakistan's first genetics institute.

"Pakistan stands at the threshold of a genomic revolution. A dedicated genetics institute will open the door to early diagnosis, personalised treatments, and research breakthroughs that can transform national healthcare," he said.

Dr Abdul Bari Khan, Founder and President of IHHN, shared his vision for the initiative, stressing the need for equitable access to high-end specialised care. "This collaboration is not merely an academic partnership — it is a promise to the people of Pakistan. A promise that advanced neuroscience, oncology, and genomic care will not remain privileges for the few, but rights for all," he stated.

Speaking on strengthening clinical systems, Dr Muhammad Shamvil Ashraf, Executive Director Medical Services at IHHN, highlighted the importance of embedding quality and evidence-based frameworks into Pakistan's healthcare environment. "If Pakistan is to compete globally, we must build systems where evidence-based protocols, research integration, and quality assurance are embedded into every level of care," he remarked.

Dr Syed Ahmer Hamid, senior consultant paediatric oncologist at IHHN, noted the urgency of global collaboration to uplift specialised care for children. "Children in Pakistan deserve access to the same cutting-edge oncology treatments available anywhere in the world.

Through this collaboration, we aim to bring advanced therapies and training directly to where they are needed most," he said.

Several panel discussions were held throughout the day, addressing specialty needs, resource gaps, and collaborative opportunities. The US-based faculty shared models for capacity building, including clinical pathways, virtual tumour boards, training programmes, critical care protocols, and avenues for research integration.

The speakers included Dr Zahir Sahloul, Dr Tajammul Hussain, Dr Amir Arain, Dr Sameer Shafi, Dr Sarki Abdulkadir, Dr Anwer Hussain, Dr Imran Nisar Shaikh, Dr Amin Ur Rehman Nadeem, Dr Syed Irfan Hyder and Dr Noman Haider.

(By Newspaper's Staff Reporter, Dawn, 14, 08/12/2025)

'Unprecedented' increase in poliovirus spread alarms Sindh govt

There has been a sharp surge in circulation of poliovirus in the province, affecting at least 21 union councils, forcing the chief minister to direct concerned officials to look into the emerging public health crisis and take targeted measures to strengthen immunisation efforts against the crippling disease.

The concerns over the fast spread of poliovirus were highlighted at a meeting of the Provincial Task Force held at Chief Minister House on Tuesday, where officials representing the Emergency Operation Centre (EOC) described the high circulation of the virus as "unprecedented".

The meeting was chaired by Sindh Chief Minister Syed Murad Ali Shah and the attendees included Health Minister Dr Azra Fazal Pechuho, health secretary Rehan Baloch, Director General Health Dr Waqar Memon, EOC Coordinator Sheharyar Memon, Mayor Barrister Murtaza Wahab, Commissioner of Karachi Hassan Naqvi, Inspector General Police Ghulam Nabi Memon and Additional IG Javed Alam Odho.

The meeting participants saw detailed discussions covering epidemiological updates, environmental surveillance, district performance, frontline worker preparedness and operational planning for the National Immunisation Days (NIDs), scheduled for Dec 15-21 this year.

The meeting participants were told that 10.6 million children under five would be vaccinated across 1,345 union councils in 30 districts.

More than 80,000 frontline workers will participate, with over 21,000 law enforcement personnel — including around 400 female constables — supporting security and access.

According to the environmental (sewage) samples' data presented in the meeting, 10 of the 12 (high-risk) sites in Karachi and 11 of the 17 (high-risk) sites in other divisions tested positive for poliovirus in November.

Over 75 per cent of the environmental samples, the data showed, have tested positive since mid-2025 — an unprecedented rate in a decade.

This year, officials shared in the meeting, nine polio cases have been recorded in Sindh this year; three in Badin, two in Thatta, and one each in Hyderabad, Qambar, Larkana, and Umerkot. The most recent was reported from Karachi's Gujro area located in district East.

In his response, the chief minister described the situation deeply worrisome and unacceptable, while suggesting that that only a high-quality, disciplined campaign can break the vicious cycle of virus circulation and transmission.

12,000 unvaccinated children

Mr Shah also reviewed district-wise performance, expressing dissatisfaction where officials couldn't meet set standards.

He directed deputy commissioners to ensure 100 per cent focus on field activities and made it clear that administrative pull-outs wouldn't be tolerated during the campaign.

"Morning assemblies must be strong, frontline workers motivated, and every child reached during campaign days — not in extended catch-ups. Support teams of union councils must resolve on-ground challenges immediately," he said, directing district health officers to enforce zero-tolerance for data manipulation and absenteeism.

Officials shared that while 85 per cent of zero-dose children had been vaccinated around 12,000 children remained to be covered.

The chief minister instructed officials to ensure vaccination to all children, with special focus on refusals, while calling for stronger community engagement, interpersonal communication, involvement of local influencers, and coordinated mass media messaging.

He reiterated the government's commitment, stating that Sindh had the strongest polio infrastructure in the country.

"What we need now is discipline, accountability, and a sense of community trust. No child in Sindh should remain unvaccinated," he said, stressing the need for easier data collection, supportive supervision, and public recognition of frontline workers. (By Faiza Ilyas Dawn, 13, 10/12/2025)

Poliovirus detected in 10 out of 12 sewage samples in Karachi

Poliovirus has been detected in 10 out of 12 environmental samples collected from the metropolitan city's sewerage system last month, prompting Sindh Chief Minister Murad Ali Shah to order an intensified and strictly monitored eradication campaign across the province.

Presiding over a meeting of the provincial polio task force at his office on Tuesday, the chief minister voiced serious concern over environmental surveillance results showing widespread threat of the virus in Karachi and other divisions.

Surveillance data for November indicated that 10 of 12 sampling sites in Karachi and 11 of 17 sites in other districts tested positive. Calling the situation 'alarming and unacceptable', the CM demanded a high-quality, coordinated and disciplined vaccination efforts to curb further spread of the virus.

Briefing the meeting, the Emergency Operations Centre reported that Sindh has so far confirmed nine polio cases in 2025 - three from Badin, two from Thatta, and one each from Hyderabad, Qambar, Larkana and Umerkot. Last case in Karachi was detected in December 2024 in Gujro, east district.

Officials said that more than 75 per cent of sewage samples collected since mid-2023 have tested positive - the highest rate recorded in over a decade - underscoring persistent transmission in the environment.

Reviewing district-wise performance, the CM was informed that 87 per cent of lots had passed quality checks during the October national immunisation campaign, while 27 out of 206 lots (13%) had failed. Expressing dissatisfaction, he instructed DCs to remain fully engaged in field operations, warning that there would be 'no tolerance for administrative negligence'.

He directed that morning assemblies be held regularly, frontline vaccination workers remain fully mobilised, and target children be reached during campaign days rather than through post-campaign follow-ups.

District health officers were ordered to enforce zero-tolerance on absenteeism and data manipulation, while union council support teams were instructed to immediately resolve field-level issues.

Officials informed the meeting that the upcoming national anti-polio vaccination campaign - scheduled for a period from December 15 to 21 - aims to vaccinate 10.6 million children across 1,345 union councils in 30 districts.

More than 80,000 frontline workers and over 21,000 police personnel, including nearly 400 women constables, will be deployed. The CM stressed timely deployment of police at morning assemblies and said women constables should be assigned to high-refusal areas to ease access.

Karachi's central district and Sukkur were commended for strong performance. Karachi central district arranged transport and deployment of 4,000 polio workers with support from NGOs and town administrations.

Sukkur completed 100 per cent assessment of its 300 AICs, replaced 13 low-performing AICs and improved coverage in high-risk union councils. "These districts have set an example. Others should replicate these models," the chief minister said.

The meeting was informed that 85 per cent of zero-dose children have now been vaccinated, though around 12,000 remain unvaccinated. CM Shah directed that all refusal cases be resolved during the upcoming campaign and asked local governments and district administrations to follow up directly.

He also called for stronger community engagement, effective messaging, involvement of influencers and a coordinated media strategy. "We need now is discipline, accountability and public trust," he remarked, adding, "No child in Sindh should remain unvaccinated."

The meeting was attended by Health Minister Dr Azra Fazal Pechuho, IG Police Ghulam Nabi Memon, Mayor Murtaza Wahab, Commissioner Hassan Naqvi, AIG Javed Alam Odho, senior health officials, EOC Coordinator Shehryar Gul, representatives of UNICEF, WHO and Rotary International, as well as all Karachi's deputy commissioners. Commissioners, DCs, DIGs and SSPs from other divisions attended the meeting via video link.

(By Newspaper's Staff Reporter, The Express Tribune, 04, 10/12/2025)

Poisoned lives

THEIR bodies coated with disease, filth and humiliation, sanitation workers unclog gutters without any protective gear. Pakistan's unsung essential service providers often die in sewers as poisonous gases block their breath. A report by Amnesty International and the Centre for Law & Justice has underlined the deep-seated prejudice based on caste and faith that not only stigmatises a line of work, but also enables social alienation. The Islamabad High Court has declared that the constant deaths of "Christian labourers engaged in manual scavenging" violates fundamental rights, indicating the state's failure to uphold "constitutional obligations". The court also instructed the government to take immediate protective measures for sewerage workers in the country. It was an encouraging directive, although the universality of rights goes beyond individual belief.

Sadly, it took a public interest petition seeking safety protocols, a ban on manual scavenging, and legislative reforms for sanitation workers' mistreatment to be put under the spotlight. The 2024 Citizens' Commission for Equality and Human Rights annual report says every year some 100 workers die in gutters. But in the absence of the relevant laws and political will, verdicts can neither undo demeaning treatment and hazards nor curb systemic marginalisation. If caste-based discrimination is not prohibited by law, biased hiring and lack of social protection, healthcare, safety and employment security will exist. Minorities' integration into the mainstream as truly equal citizens will only prevail when those in the highest positions of power are held accountable for illness, injury and exclusion. The government is obligated under the Universal Declaration of Human Rights and domestic labour laws to ensure safe working conditions for its people. Moreover, the state has not honoured its constitutional duty towards its religious communities. As a result, they have been vulnerable to every grave transgression. Continued silence is dangerous because it can be read as sanction for discrimination.

(By Editorial, Dawn, 06, 11/12/2025)

Respiratory infections rise in Karachi amid poor air quality

The city has seen a dramatic increase in cases of respiratory infections with the onset of winter, health experts shared on Wednesday, linking the spike in these illnesses directly with worsening air quality.

The experts specialising in internal and pulmonary medicine, critical care and ear-nose-throat diseases, underscored the need for promoting and prioritising lung health which, they said, had been overlooked by the government as well as citizens for too long.

"Yes, we have been seeing an increasing number of [influenza] patients this winter compared to last winter. Patients are reporting at the outpatient clinics as well as the hospital's emergency department," said Prof Dr Javaid Ahmed Khan, senior pulmonologist at Aga Khan University Hospital (AKUH).

Influenza, he pointed out, could get complicated by turning into acute viral bronchitis and later pneumonia.

"Any form of respiratory illness has a direct link with air pollution as it destroys the lungs' immunity and makes [individuals/patients] vulnerable to viral infections," said Prof Khan, recalling that when he returned from the UK in the 1990s, patients of interstitial lung disease (ILD) were hardly seen.

"We used to see one patient (ILD) in six months. But, today, pulmonologists at AKUH are seeing around 100 patients per week who have some form of interstitial lung disease — a group of conditions that initially cause inflammation in the lungs but later might cause irreversible damage, if not properly treated. The illness has a strong link with the environment," he said.

Prof Khan also referred to an AKUH study, which provided evidence on how polluted air was affecting public health.

Inhaling toxic air

The AKUH study titled 'Impact of fine particulate pollution exposures on respiratory health in a megacity of Pakistan' was published last year in the journal *Atmospheric Pollution Research*.

The study — the first to provide evidence of ambient fine particulate matter PM2.5 and its association with pulmonary diseases in a megacity of Pakistan — revealed alarmingly high levels of harmful particles in Karachi's air.

It also found high levels of sulphate, ammonium, nitrate and black carbon widespread across the city that contributed to poor air quality.

The study showed a 30 to 40 per cent increase in hospital admissions and ER (emergency room) visits on a daily basis for respiratory issues due to short-term exposure to ambient fine particulate matter (PM2.5) — which poses the greatest risk to the respiratory system — and other pollutants.

"It's high time that we treat air pollution as a public health emergency. It affects everyone, especially children, the elderly and those with compromised immunity levels," said senior ENT specialist Dr Qaiser Sajjad, while seconding Prof Khan's observations.

Sharing his clinical experience, he said: "Cases of [upper] respiratory tract infections have seen a sharp increase in Karachi in a decade. The situation is directly associated with city's deteriorating air quality. While we see these cases the whole year, patients' numbers dramatically increase in winters."

In his response, senior physician Dr Abdul Ghafoor Shoro said that he examined cases of tuberculosis more in winter than the rest of the year.

"It's a highly contagious respiratory infection. Poor air quality affects lungs' immunity and people with compromised health are affected easily," he explained, adding that contaminated respiratory droplets travel more easily in dry air.

Pollution level worsens in winters

Currently, there is no government system in place to monitor air quality in the province. A recent Pakistan Air Quality Initiative (PAQI) [report](#) provides further evidence on the environmental challenge the city faces.

In 2024, the report says, the city's annual average PM2.5 concentration was 46.2µg/m³. "This level is over nine times WHO's annual health guidelines and more than three times Pakistan's own National Environmental Quality Standards (NEQS) and the Sindh Environmental Quality Standards (SEQS).

"This data confirms that even with the coastal breeze that helps disperse air pollution, Karachi's own human-caused emissions create a constant public health emergency."

According to the report, Karachi's air has never met WHO's safe guideline over the past eight years (2017-2024).

"The annual average pollution consistently exceeds even the NEQS and SEQs, with no significant trend of improvement. While Karachi does not experience the extreme winter smog of inland cities in Punjab, a clear seasonal pattern persists. During the winter of 2023-2024, pollution levels were 4.3 times higher than the subsequent monsoon average.

"The sea breeze provides some dispersion, but not enough to overcome the combined effect of winter meteorology and the city's massive emissions load," the report says.

To address these challenge, the experts called for immediate government measures for implementing environmental protection standards, including control over industrial and vehicular emissions, establishing a proper waste disposal and recycling system and promoting a culture of tree plantation.

They also underscored the need for individual measures, such as wearing face mask in crowded places, adopting coughing etiquette and ensuring hand hygiene.

(By Faiza Ilyas Dawn, 13, 11/12/2025)

Health governance & IMF report

WHEN people moan about weak health governance and corruption in the health sector, I remind them it is a small piece of a larger problem. Fixing governance issues in the health system has its limits. Still, one should not give up and be mindful of the larger context. One cannot build an island of good governance in the health sector alone when it is surrounded by an ocean of bad governance on a high tide where undressed big boys are ski boarding. The IMF's recent damning [report](#), *Pakistan: Governance and Corruption Diagnostic Assessment*, explains the high tide.

Apart from giving staggering numbers for the termite of corruption, which has built its mounds and subterranean nests in our society, it also raises a shrill cry over the absence of any meaningful reforms, which each of the four IMF programmes in the last 10 years have flagged.

Let's first talk about the scale of corruption. The IMF analysis shows that Pakistan is losing between a five to 6.5 per cent of GDP to corruption which is a direct consequence of weak governance. In other words, Pakistan could have generated a GDP increase of between 5pc and 6.5pc by implementing governance reforms.

Let's see what a 5pc to 6.5pc increase in GDP would mean in real terms. Pakistan's GDP is around \$400 billion; 5pc to 6.5pc of this figure would be \$20bn to \$26bn, equivalent to Rs5,600bn to Rs7,280bn. To bring in perspective, the total health expenditure of Pakistan, which means government health expenditure plus what people spend out of their pocket, is equal to approximately \$11bn (Rs2,000bn). So, the level of corruption in Pakistan is 2.5 times more than the total health expenditure in the country. If through a magic wand all this corruption could be stopped and the amount saved spent on health, government spending on health could be increased almost five times, since the government health expenditure is around 1pc of GDP. Ah! If only wishes were horses!

Without understanding the macro, the micro cannot be fixed.

Another way of understanding 5pc to 6.5pc of GDP is that it is equivalent to 30pc of Pakistan's annual budget, 65pc of the value of our exports and 60pc of our total remittances. And, by the way, the IMF assesses the scale of corruption at only the federal level. Imagine if the figures from the provinces were to be added!

The government's role in the economy, weak checks and balances on the bureaucracy, serious issues of capacity, the "interplay of political patronage and public policymaking" and "concerns over vulnerabilities to corruption of judicial institutions" are serious underlying issues of governance in Pakistan, which erode investors' (foreign and local) confidence and diminish public trust in the system.

At the end of the day, the cumulative effect of these factors is that "citizens are regularly required to pay officials for access to services". And at a "higher level, official policies and practices have been shaped by economic and political elites to make use of public authority to enrich themselves at the cost of greater societal well-being and economic growth". State capture takes place through politics which eases the unchecked elite capture of the economy.

The nature of corruption is also evident from the report's 15 recommendations. Governance-related recommendations that constrain private sector development include improvement in public procurement contracts; transparency in the SIFC; streamlining SECP regulations; digitising regulations; and accelerating the resolution of the backlog of economic disputes lying in the courts.

Recommendations related to governance weaknesses that act as barriers to fulfilling public sector functions involve: rationalising and simplifying the taxation system; strengthening the FBR; improving the budgeting process; enhancing PSDP efficiency and integrating parliamentarians' projects into the PSDP process; and developing action plans for the top 10 federal agencies with corruption vulnerabilities.

Lastly, there are four recommendations for addressing governance weaknesses that directly reduce accountability/ oversight. These include: ensuring independence of the auditor general of Pakistan; enhancing the investigation and prosecution of money-laundering offences; publication of asset declarations of high-level federal civil servants; and developing a merit-based system for appointments to the key federal oversight bodies — CCP; SECP and NAB.

Readers must be asking what all this has to do with the governance of the health system. Governance weaknesses and the consequent corruption in the country is the sum total of governance problems and ongoing corruption in all sectors. No sector can be singled out and improved entirely and sustainably in isolation. All sectors are intertwined and interdependent.

Take public procurement in the health sector. Who doesn't know of the level of corruption in public medical procurement and the low quality of medicines supplied by companies through government tenders? Public sector health managers and professionals benefit through commissions from suppliers of medical equipment and expensive machinery, pharmacies and diagnostic labs. These are open secrets of day-to-day life at public sector hospitals. And, there is hardly any regulation of these practices in the private sector.

At the macro level, health governance is marred by unclear federal and provincial functions and lack of coordination on important public health issues of national concern. There is a general lack of transparency and accountability, as in all other sectors. The issue of lack of administrative and managerial capacity cuts across the sector. There is also the issue of generalist civil servants making big technical decisions with far-reaching economic and health implications, and technical people not understanding the rules of business of government. Lack of coordination between the health and population sectors has affected both for too long and merging them has been a political issue. The list goes on and on.

As citizens of the state, health professionals or otherwise, it is imperative to understand the larger extractive political system, the issues of governance and corruption, develop a collective consciousness and take action. Without understanding the macro, the micro cannot be fixed. Before this IMF report fades away, society and citizen groups in all sectors need to read it and relate to it through their own lives and the sectors in which they work.

(By Zafar Mirza Dawn, 06, 12/12/2025)

Polio shame

EVERY announcement of a vaccination campaign reflects Pakistan's recognition of the polio problem and a resolve to defeat the crippling virus. Health Minister Mustafa Kamal has launched the final nationwide polio drive of 2025 with the goal to immunise over 45m children. The minister said that the number of polio incidents in the country was lower than last year's shameful count of 74. Yet he conceded that the scourge exists in "more than half the country". The government has forgotten that in 2022, Unicef described Pakistan as "closest to the finish line". Since then, we have only regressed. Together with Afghanistan, Pakistan is a persistent outlier due to multiple reasons. Hence, the year's 30 polio cases, 19 of them in KP, must not be taken lightly nor should health officials continue with the misplaced hope of eradicating polio. Lasting impact can only be achieved when the virus is attacked through a modern, multipronged approach.

These initiatives have been witnessed before but success is still a long shot. Pakistan's polio eradication programme is plagued with malpractices, vaccine refusals, assaults on polio workers, disparities in immunisation coverage and misinformation. This failure is exacerbated by the virus being detected in sewage samples, along with security issues in KP and Balochistan, suggesting a lack of political will to save children. Officialdom must implement modern strategies to combat resistance and baseless notions of infertility attached to the vaccine, ensure access, and hold officials accountable for gaps. Media campaigns highlighting the crucial need for inoculation should involve celebrities and religious leaders to counter regressive attitudes. Polio cannot be allowed to exist in conservative regions where unawareness triumphs over scientific proof. In 2022, a Baloch cleric championed the polio vaccine administration in an attempt to enlighten through religion. This must continue. We cannot lose our children to this curse.

(By Editorial, Dawn, 06, 15/12/2025)

'Rabid' dog bites 12 people in Karachi

Eighteen people, including a three-year-old, were bitten by dogs in the Jumma Goth area in Bin Qasim Town on Monday.

According to the Indus Hospital staff, at least 12 of the 18 patients were bitten by a single dog.

"The information we have gathered from a dozen patients indicated involvement of a single street dog that's highly suspected to be rabid. It attacked other animals as well in the locality and jumped into a house where it bit a child," said Aftab Gohar, Manager Rabies Prevention and Training Centre at the Indus Hospital.

He told *Dawn* that the dog was reportedly foaming at the mouth, which was a classic sign of rabies.

According to him, all patients were seriously injured and immediately administered the life-saving rabies immunoglobulin and the vaccine following thorough cleaning of their wounds.

"This is a serious situation, requiring urgent attention and intervention of local authorities as rabies is 100 percent fatal disease. The fact that the dog bit other animals means that these infected animals are a constant threat to the community. Second, we don't know whether all dog-bite victims received the required treatment. The status of the dog is also unclear though people tried to kill it," Mr Gohar explained.

According to officials at the hospital, 70 to 80 new cases of dog-bite are being reported at the facility these days, which has seen seven rabies deaths so far.

(By Faiza Ilyas Dawn, 13, 16/12/2025)

Pakistan achieves first international telerobotic surgery

Doctors completed a gynecological operation through telerobotic surgery at Lyari General Hospital, with surgeons from Kuwait conducting the procedure alongside colleagues from Karachi. The operation marks the first time Pakistan has conducted cross-border telesurgery.

Kuwaiti doctors operated from a distance of approximately 1,600 kilometers. During the surgery, an internet speed of 30 megabytes per second was used, while a gap of only 30 microseconds was recorded between the surgeon's command and the robot's response.

A ceremony was held at the hospital, where Sindh Health Minister Dr Azra Fazal Pechuho said that she had inaugurated modern medical facilities, including a mortuary, forensic section, advanced laboratories of microbiology, biochemistry, and pathology. Additionally, a laboratory has also been inaugurated for medical students to receive practical training.

Dr Pechuho stated that the average cost of such an operation amounts to Rs400,000 per patient, while Consultant Gynecologist Oncologist Dr Anjum Rehman noted that three to four surgeries are being performed daily through the robotic system, at the cost of Rs150,000.

According to the health minister, robotic surgery does not involve making an incision in the abdomen; rather, a camera and instruments are inserted into the body through small holes. Through this system, tumor, kidney, and gastrointestinal surgeries, along with gynecological procedures, are possible.

She said that the robotic system has been provided by the Sindh government and the process of staff training is ongoing, with the facilities to be extended to other government hospitals in the coming years.

Explaining the concept of the surgery, Dr Rehman said that it was conducted with the patient present at Lyari General Hospital while doctors, sitting in Kuwait, operated a robotic system. He said that in the future, Pakistani doctors will also be able to treat international patients – a major advancement for the country's healthcare system.

Drawing a comparison, Dr Rehman said that a laparoscopic surgery takes approximately 30 minutes for one operation, the same surgery is completed in just 15 minutes through the robotic system. Further, he noted that there is a risk of infection in laparoscopic surgery, but a tumor has been removed through robotic surgery with neither blood loss nor any complications.

Director of the company providing the robot, Abdul Rehman, said that the basic purpose of today's robotic telesurgery is that the surgeon is present in one place while the patient is in another location. He stated that the benefit of this technology is that the

surgeon does not need to travel, with surgical commands able to be given from anywhere. He termed this the greatest advantage of telesurgery.

Further, he said that this system requires a minimum speed of 30 megabytes per second, which is generally available; hence, existing internet networks, including PTCL, support this technology. With the introduction of 5G service in Pakistan, Abdul Rehman expressed hope that the system will become even better and more effective.
(By Newspaper's Staff Reporter, The Express Tribune, 04, 16/12/2025)

Flu season

THE recent surge in influenza cases being labelled a 'super flu' has understandably raised concern, particularly as several European countries report rising hospitalisations. In Pakistan, however, health experts agree that the situation warrants vigilance, not panic. According to the WHO, the current uptick is driven largely by influenza A(H3N2) and a recently altered form of the virus, known as subclade K. While this variant has shown an ability to spread earlier than usual in the season, there is, crucially, no evidence that it causes more severe disease than previous strains. Influenza, by its nature, evolves every year and this is precisely why annual vaccine updates exist. Pakistan is currently in its peak flu transmission window, and doctors across major cities report a sharp rise in cases, particularly in dense urban settings. Children often act as efficient transmitters, infecting older family members who are more likely to develop complications such as pneumonia. This is where the real risk lies. Not in a novel or uncontrollable virus, but in long-standing vulnerabilities that resurface every winter.

Experts have repeatedly highlighted these vulnerabilities: low vaccination coverage, especially among the elderly, people with chronic illnesses, pregnant women, and healthcare workers. Despite clear evidence that the flu vaccine significantly reduces severe disease and hospitalisation, uptake remains poor. This gap leaves hospitals exposed to seasonal surges that strain already limited resources. Equally important is public behaviour. Confusing flu with the common cold, rushing to antibiotics, or ignoring isolation when symptomatic only fuels the spread. Basic measures such as mask-wearing when ill, hand hygiene, proper ventilation and rest remain effective and affordable tools. Antivirals have a role, but only for high-risk patients under medical supervision. Seasonal influenza will return every year, mutated or not. Whether it becomes a manageable inconvenience or a recurring crisis depends less on the virus and more on preparedness, vaccination, and public compliance. Panic helps no one. Prevention still can.
(By Editorial, Dawn, 06, 16/12/2025)

Teenage girl dies of rabies

A 17-year-old girl died of rabies at the Indus Hospital on Wednesday, raising the tally from the deadly disease to eight at the facility this year.

According to officials, the patient, a resident of Orangi town, was bitten by a stray dog on her thumb around a month ago. She was taken to a nearby healthcare facility where she reportedly received only a single dose of the anti-rabies vaccine. "Proper rabies post-exposure prophylaxis was not completed."

"The patient began developing classical symptoms of rabies, including hydrophobia, aerophobia and severe restlessness, starting last Friday. By the time she reached the Indus Hospital, the disease had progressed to an advanced stage," said a press release.
(By Newspaper's Staff Reporter, Dawn, 13, 18/12/2025)

29,000 dog bite cases, 19 deaths from rabies reported in Karachi during 2025

A total of 19 lives were lost in dog bite incidents in Karachi, while at least 29,000 dog bite cases were reported in the metropolis so far in 2025.

Areas including Landhi, Korangi, DHA, Mehmoodabad, Orangi Town, and Malir have witnessed a surge in stray dog populations. Residents complain that attacks have become routine, forcing them to live in constant fear.

Medical experts warn that rabies, once symptoms appear, is incurable. Early signs include headaches and anxiety, but as the disease progresses, patients develop hydrophobia (fear of water) and aerophobia (fear of air and sound). At this stage, survival becomes impossible.

Doctors attribute the uncontrolled breeding of stray dogs to Karachi's overflowing garbage dumps, which provide food and shelter for the animals. Without proper waste management, the city has inadvertently created breeding grounds for the growing threat.

Hospitals overwhelmed

Karachi's major hospitals are struggling to cope with the influx of dog bite victims. At Indus Hospital, almost 150 dog bite cases are reported daily.

Since January, the hospital has treated over 16,000 cases, with eight patients succumbing to rabies. Similarly, Jinnah Hospital has recorded nearly 13,000 cases this year, with 11 deaths.

Hospital administrators confirm that around 100 cases arrive daily, ranging from new bites to follow-up treatments.

Dr Muhammad Aftab Gohar, manager of the Rabies Prevention Clinic at Indus Hospital, explained that rabies cases are rising every year.

“If a rabid dog’s saliva enters the bloodstream through a bite, the virus travels via the nervous system to the brain. Symptoms may appear within a period of six weeks to six months,” he said. Once hydrophobia and aerophobia set in, no treatment exists anywhere in the world.

WHO guidelines and preventive measures

According to World Health Organization (WHO) guidelines, the first and most crucial step after a dog bite is to wash the wound thoroughly with soap and pour clean water on the wound for at least 10 minutes.

Depending on the severity, patients must then receive anti-rabies vaccines. For moderate-risk cases, a full vaccination course is administered on the first, third, seventh, and fourteenth day.

In severe cases, rabies immunoglobulin is injected directly into and around the wound to provide immediate protection.

Dr Gohar emphasised that timely adherence to these steps ensures 100 per cent protection against rabies. However, he lamented that many patients rely on home remedies or receive incomplete treatment at smaller clinics, which often leads to fatal outcomes.

He recalled a shocking incident on December 15 in Jumma Goth, near Korangi, where a single rabid dog mauled 17 people in one day. The number of victims later rose to 28 as more residents reported attacks by the same dog.

“Rabid dogs become aggressive and attack indiscriminately—humans, animals, or other moving objects like vehicles.

Hostage to stray dogs

For Karachi’s residents, daily life has become a struggle. Women report being chased by dogs, while domestic workers are often attacked on their way to home. Children fetching groceries or snacks are pursued by stray dogs until they drop their belongings in panic and run.

Evening playtime has turned into a nightmare, with dogs attacking cyclists, bikers and young players. Parents often rush to chase the animals away as terrified children scream and to draw attention of passers by and call for help.

Residents said they have tried relocating stray dogs multiple times, but the animals return. Many demand that the government establish proper shelter homes to house stray dogs. However, the situation is complicated by locals who feed stray dogs, encouraging them to settle permanently in certain neighbourhoods.

“They have made our streets their sanctuary, and we feel imprisoned in our own homes,” one resident complained.

The crisis highlights the urgent need for coordinated efforts between healthcare providers, municipal authorities, and communities.

Experts insist that vaccination, awareness, and responsible waste management are key to controlling the menace. Until then, Karachi’s citizens remain trapped in fear, with stray dogs turning everyday life into a dangerous gamble.
(By Dua Abbas The Express Tribune, 04, 20/12/2025)

Rabies danger

RABIES has consistently emerged as a lethal yet overlooked health concern. Reportedly, the scourge took 22 lives in Sindh this year. Figures from three tertiary care hospitals in Karachi reveal an alarming spike in dog-bite incidents, taking the year’s reported tally to over 42,000 cases. The Indus Hospital recorded over 16,000 dog attack cases, while JPMC and CHK saw 12,000 and 13,000 respectively. Every year an estimated 2,000 to 5,000 people succumb to this excruciatingly painful disease nationwide, which is completely preventable. Rural populations remain the most vulnerable as victims are unable to access timely lifesaving therapy. The pathetic state of Pakistan’s healthcare infrastructure leaves victims to face an acute scarcity of post-exposure prophylaxis, and they have little choice but to seek problematic alternative remedies.

The surge in the stray dog population exacerbates an already dire situation. But efforts to control as well as put diseased dogs to sleep must be humane. Despite the production of nearly 80,000 vials of anti-rabies vaccine earlier this year, bureaucratic impediments kept the National Institute of Health from ensuring adequate distribution to hospitals. Full-blown rabies means a fear of water, aerophobia and agitation; children are among the most impacted. Yet the Rabies Control Programme Sindh, which set a target of vaccinating and sterilising 125,000 dogs by mid-2025 along with setting up vaccination centres in 20 districts, remains mired in operational challenges. This does not bode well for the trap-neuter-vaccinate-return programme for dogs. Rabies spread is a ‘mammal to mammal’ phenomenon and health experts believe that immunising 70pc of street dogs can ward off a looming crisis. A safe environment is unattainable without immediate, organised measures to strengthen health units with emergency apparatus and trained medics, and for awareness drives to reach remote areas. If Pakistan continues to fail its citizens, it will fall behind the WHO global goal of eradicating rabies deaths by 2030.
(By Editorial, Dawn, 06, 20/12/2025)

Karachi's dog bite crisis

The reported 29,000 dog bite cases and 19 deaths from rabies in Karachi during 2025 highlight a serious public health issue that requires immediate solutions. But while public safety is paramount, the historical reliance on mass culling of stray dogs has proven ineffective in the long term. Reactive strategies are also pointless, as the problem is simply too large for such an approach.

A more sustainable solution is needed, one that humanely manages the stray dog population while directly reducing violent interactions between man and beast, and especially the transmission of rabies and other diseases. The most effective and humane strategy is large-scale implementation of trap-neuter-vaccinate-return (TNVR) programmes, combined with mass dog vaccination campaigns. This approach stabilises the stray population by preventing reproduction and, most crucially, creates herd immunity against rabies by vaccinating a high percentage of dogs. While it seems a tall ask, several countries around the world have eliminated "dog-mediated human rabies deaths" without killing any healthy strays. Evidence from Karachi's own pilot programmes, such as those run by the Rabies Control Program Sindh (RCPS), supports TNVR. In areas where RCPS operates, a significant reduction in rabies cases has been reported due to this methodology, proving that the project will almost certainly succeed if expanded.

The city government will also benefit from the love that man's best friend gets from many wealthier city residents, as charity funding could help fill gaps in expanding coverage. On the health care front, consistent and free access to post-exposure treatment for all bite victims is a critical component of rabies control. One of the biggest hurdles, however, will be changing public behaviour, including proper disposal of waste and avoiding feeding strays. But of all the problems facing Karachi, this may be one of the easier ones to resolve. All it needs is a little bit of commitment from the government and buy-in from the public. (By Editorial, The Express Tribune, 14, 21/12/2025)

Rabies prevention programme hits roadblock in Sindh

The chief secretary of Sindh was informed on Sunday that out of the Rs265 million allocated this year for mass dog vaccination and sterilisation, only Rs66.255m was released so far and only one centre was operational outside Karachi.

The CS, Asif Hyder Shah, held a meeting on rabies prevention against the backdrop of media reports highlighting sharp increase in dog-bite cases and mortalities in Sindh.

The meeting was attended by all divisional commissioners, officials representing the health department and Rabies Control Programme Sindh (RCPS), experts of the Indus Hospital and other key stakeholders.

Highlighting the challenges, officials informed the attendees that out of the Rs265.02 million allocated for the current financial year 2025-26, a total of Rs66.255 million had been released.

Currently, they said, the RCPS launched in 2022 had only seven fully functional centres in the province. Six of them located in Karachi's districts South, Central, East, West, Korangi and Keamari, while only one was operational in district Matiari, in Hyderabad division.

Out of Rs265m allocated this year for mass dog vaccination, only Rs66m released, CS told

On the financial front, the officials stated that out of the total project cost of Rs963.316m, Rs302.988 million (31.4 per cent) had been utilised as of October 31, 2025.

About the initiatives being taken, the meeting participants were informed that 20 RCPS centres were being established including the ones in district Malir and Dadu.

Officials said that 19,449 stray dogs had been spayed and neutered, while 30,729 dogs had been vaccinated across various districts of Sindh till October.

Vaccinated dogs were being tagged and geo-tagged for effective monitoring.

A dedicated helpline 1093 is operational, along with Android and iOS mobile applications being developed to help citizens lodge complaints related to stray dogs.

A live online dashboard was also under development to integrate operational data and strengthen oversight.

Officials claimed that 250 rabies treatment and prevention centres were operating across the province, providing immediate post-exposure prophylaxis and emergency response services to bite victims.

In addition, 20 more rabies centres were currently in the process of being established. These centres would be upgraded in a phased manner, with enhanced facilities, standardised protocols and improved service delivery.

The meeting was further informed that RCPS staff would undergo structured training in collaboration with Indus Hospital's rabies prevention centre.

In his remarks, Mr Shah said that the government had adopted a comprehensive and proactive approach to address the challenges of rabies across the province.

"Through sustained policy focus and strong administrative oversight, rabies prevention has been prioritised as a key public health objective," he said, adding that a province-wide network of treatment and prevention facilities had been developed to ensure timely medical response for bite victims.

(By Faiza Ilyas Dawn, 13, 22/12/2025)

Boy bitten by dog two months ago in Balochistan develops rabies despite 'vaccine' shots in Sindh

Two days after the health department officials at a meeting chaired by the chief secretary claimed that 250 rabies treatment and prevention centres were currently operational across the province, another child fell victim to the deadly infectious disease, it emerged on Tuesday.

Sources said the 12-year-old victim, who was brought to the Indus Hospital on Tuesday morning, hailed from Usta Muhammad, Nasirabad district, Balochistan.

He was initially treated at the government taluka hospital of Garhi Khairo, part of Jacobabad district, over two months ago.

"He got multiple shots at the Garhi Khairo hospital following a dog-bite in our village on Oct 28th. Last Sunday (Dec 21), he started fearing water, forcing the family to take him to the same hospital. The doctors told us that the child had seriously been affected by the dog-bite and that he should be immediately taken to Karachi for treatment," his uncle, wishing not to be named told Dawn, adding that a teenage boy had also died in their neighbourhood following a dog-bite over 20 days ago.

Woman 'sold her earrings' to bring son to Karachi; Indus Hospital official says boy is receiving palliative care

Sources said the boy's mother had to sell her gold earrings to transport her son in an ambulance to Karachi where they reported first at the Dr Ruth Pfau Civil Hospital Karachi (CHK).

At the CHK, the sources said, the boy was provided some treatment and the family was told to check some other hospital for admission to an intensive care unit.

The family, sources said, took the boy to at least three different hospitals before they arrived at the Indus Hospital, which has seen three rabies deaths within a month so far.

"The patient has already developed rabies encephalitis when he was brought to us today. Currently, he is receiving palliative care," said Aftab Gohar, Manager Rabies Prevention and Training Centre at the hospital.

According to him, the patient sustained multiple dog bites to both hands and a leg.

Asked about the lapses in treatment, Mr Gohar said that patient's history showed that neither the injuries were properly washed at the health facility where they first reported nor the patient received rabies immunoglobulin (RIG) — a life-saving medicine that's essential to be administered in all serious dog-bite injuries.

"Each wound was deep, carrying a high risk for rabies. Also, there is a question mark over the vaccine's quality," he said, adding that the family had no document to prove that the vaccine was actually administered.

Information gathered from the family, he said, indicated that the dog was rabid and had bitten several other people in the locality.

According to experts, rabies is a completely preventable disease; however, it is almost invariably fatal once clinical symptoms develop, underscoring the critical importance of timely and complete post-exposure prophylaxis following animal bites.

On behalf of the Pakistan Medical Association, Dr Abdul Ghafoor Shoro has called upon the government health department to immediately equip all hospitals with life-saving RIG and the relevant vaccine and train healthcare providers in dealing with animal bite cases.

"What's being reported is just tip of the iceberg. A large number of dog bite cases and rabies' patients not even reach hospitals," he said.

So far, this year, at least 22 patients, most of the children, have died of rabies while over 42,000 cases of dog-bite have been reported at three tertiary care hospital of Karachi alone.

(By Faiza Ilyas Dawn, 13, 24/12/2025)

12-year-old dies of rabies in Karachi despite vaccination

A 12-year-old boy from Jacobabad died of rabies while undergoing treatment at a welfare hospital in Korangi, taking the number of rabies-related deaths in the city this year to 20.

Hospital officials said the child had been bitten nearly two months ago by a stray dog on both hands and one leg. The dog was reportedly rabid and had bitten several other people as well. After the incident, the boy was taken to a nearby medical facility where he was allegedly administered rabies vaccine; however, he was not provided complete and proper post-exposure prophylaxis.

According to the hospital administration, the child developed rabies symptoms a day earlier, which rapidly worsened. He was shifted to Karachi for treatment but could not survive.

Officials said that 19 rabies-related deaths had already been reported in Karachi this year, and the latest case has raised the toll to 20, once again highlighting serious gaps in prevention, timely vaccination and public awareness regarding dog-bite management.

Having spent around Rs302.9 million from the Rs963.3 million Rabies Control Programme Sindh (RCPS), the officials could sterilise only 19,449 stray dogs and vaccinate 30,729 as of October 2025, per official data. The calculation of both the interventions comes to Rs6,000 per dog.

The project's total cost is Rs963.316 million, of which Rs302.988 million (31.4%) has been spent by October 2025. For FY2025-26, Rs265.02 million has been allocated, with Rs66.255 million released. The programme has been extended until June 2026. (By Newspaper's Staff Reporter, The Express Tribune, 04, 25/12/2025)

Rabies death toll in Sindh climbs to 25 as another patient dies

A 12-year-old boy who developed rabies despite receiving multiple vaccine shots at a government hospital in Jacobabad died at the Indus Hospital on Wednesday afternoon, raising the death toll to 25 this year in Sindh.

According to the hospital staff, the victim had already developed full-blown rabies by the time he was brought to the hospital on Tuesday morning.

The victim had received multiple dog-bite injuries in his village in Balochistan over two months ago and was initially treated at a Sindh government taluka hospital in Garhi Khairo, part of Jacobabad district. Family members said the boy received multiple "vaccine" shots in October at the Garhi Khairo hospital.

So far this year, at least 25 patients, most of them children, have died of rabies at Karachi's tertiary care hospitals. A significant number of these patients hailed from the interior parts of Sindh who were forced to travel to Karachi after failing to get the treatment in their area of residence of nearby district.

Officials said that 14 rabies cases reported from the Jinnah Postgraduate Medical Centre (JPMC), nine from the Indus Hospital and one each from the National Institute of Child Health and Nawabshah Civil Hospital.

They said nine of the deceased hailed from Qambar, Mirpur Mathelo, Ghotki, Dadu, Badin, Larkana, Jacobabad and Sukkur.

The severity of the situation can be gauged from the 42,000 dog-bite cases which have been reported at the city's three tertiary care facilities — JPMC, Civil Hospital Karachi and Indus Hospital, alone.

Indus Hospital official Aftab Gohar told *Dawn* the hospital has seen three deaths from rabies this month, raising this year's tally to nine, with the latest mortality.

"At least two deaths have also been reported at other hospitals, per the information we have received from our colleagues at the National Institute of Child Health, Karachi, and Nawabshah Civil Hospital," he said.

Mr Gohar, who is manager of the Rabies Prevention and Training Centre, underscored the need for having complete post-exposure prophylaxis for animal bites to save lives.

An analysis of the patients' data, he pointed out, indicated the dire need existing to create public awareness and, at the same time, equipping health facilities with life-saving skills and medicines, and controlling dog population.

"Four of the nine patients didn't bother to report at any hospital while the five victims who did to go to hospitals couldn't receive the right treatment," he explained, highlighting the challenges being faced in the fight against rabies.

"Life-saving medicines should at least be available at all district hospitals where healthcare providers needed training in providing treatment. Health authorities should know that multiple vaccine shots cannot save life of a patient with serious bite injuries. Such patients need administration of RIG," he said.

Regarding the 12-year-old boy died on Wednesday, Mr Gohar said: "The patient's history showed that neither were the injuries properly washed at the health facility where he first reported nor did he receive rabies immunoglobulin (RIG) — a life-saving medicine that is critical and must be administered along with the vaccine in all serious dog-bite injuries."

"Each wound was deep, carrying a high risk for rabies. There is also a question mark over the vaccine's quality. The family had no document to prove that the vaccine was actually administered," he added.

According to experts, rabies is a completely preventable disease; however, it is almost invariably fatal once clinical symptoms develop, underscoring the critical importance of timely and complete post-exposure prophylaxis following animal bites. (By Faiza Ilyas Dawn, 13, 25/12/2025)

Bilawal inaugurates Indus University Hospital in Korangi

Pakistan Peoples Party (PPP) Chairman Bilawal Bhutto-Zardari inaugurated on Thursday a new building of the Indus University Hospital (IUH) in Korangi— a major project being developed with the provincial government's support and designed to become the country's largest free-of-cost hospital upon completion over the next three years.

The Rs72 billion facility will have an admission capacity for 1,350 patients.

"This initiative is designed to meet Karachi's growing healthcare needs. Upon full completion, the facility will offer comprehensive, free-of-cost healthcare services across a wide range of specialities, benefiting millions of patients annually," said Mr Bhutto-Zardari at the inaugural.

The ceremony was attended by senior government officials, including Chief Secretary Asif Haider Shah, Health Secretary Rehan Iqbal Baloch, several donors and representatives of the Indus Hospital and Health Network (IHHN).

The inauguration of this landmark project on Christmas Day carried deep symbolic meaning, the PPP chairman said. "All religions teach us compassion and the duty to care for the poor, the sick and the most vulnerable segments of society," he added.

Says PPP govt committed to providing world-class healthcare facilities to people; Rs72bn project to have admission capacity for 1,350 patients upon completion

The PPP government, he noted, remained committed to providing world-class healthcare facilities to the people without discrimination of any kind, emphasising that care for the underprivileged lies at the very core of the PPP's political philosophy.

"Roti, Kapra aur Makaan is not merely a slogan; it is a manifesto, an ideology and a way of life. We believe it is the fundamental responsibility of the state to protect and uplift the poor."

Highlighting the government's performance in the health sector, the PPP chairman said that the province's healthcare system had undergone a transformative change since the party had started running the government

"We are no longer competing with other provinces; we are competing on a global scale," he said.

He praised IHHN and other partners of the government for their invaluable contributions, stressing that these partnerships must be further expanded to strengthen healthcare facilities and improve their access to people living in underserved and remote areas.

In his remarks, Chief Minister Murad Ali Shah recalled the financial challenges faced in materialising the Indus Hospital's dream.

"Dr Abdul Bari requested a grant of Rs250 million to Rs400m at the time when I was serving as the provincial revenue minister. A few days later, I visited the facility myself and met several old friends who were volunteering their professional services," the chief minister recounted, adding that the initial government funds were used for land acquisition.

CM Shah noted that the initial government grant of Rs300m to the hospital had gradually been raised to Rs8bn.

"The government's partnership with IHHN, which started with a hospital in Badin, continues to grow. Even today, we cannot imagine replacing Indus there," he said, adding that the Jamshoro Regional Blood Centre was also handed over to the IHHN, which now has the capacity to supply around 20,000 blood bags across the region.

In addition, he pointed out, the IHHN was also working with the government in areas such as tuberculosis control and rabies prevention, while more initiatives were being planned.

The chief minister also announced plans to further strengthen healthcare services in Badin by linking the entire district to a main hospital and improving taluka headquarters hospitals in partnership with the IHHN.

Sharing patient statistics, the CM said around 30 per cent of patients at the Indus Hospital came from Landhi and Korangi, 20 per cent from other parts of Karachi, while nearly 50 per cent arrive from outside Karachi, including large numbers from Balochistan and Punjab.

"This demonstrates that the healthcare work done in Sindh is far ahead of other provinces, and we achieved this with the support of our partners," he added.

President IHHN Dr Abdul Bari Khan termed the project a transformative development for Pakistan's healthcare system. He acknowledged the provincial government's continued cooperation and emphasised that, upon completion, the IUH would set a new benchmark in healthcare.

Chief Executive Officer IHHN Prof Syed Zafar Zaidi said IUH represented an evolution of a vision rooted in compassion, dignity and patient-centred care, bringing care, education and research under one roof.

Chairman IHHN Board of Directors, Abdul Karim Paracha, expressed deep appreciation for the government of Sindh's support in advancing healthcare services for the people of the province.

The ceremony concluded with a tour of the newly opened sections of the hospital, including emergency and outpatient services, advanced diagnostic facilities and state-of-the art operation theatres.

(By Newspaper's Staff Reporter, Dawn, 13, 26/12/2025)

Mayor seeks middle path on stray dogs

City Mayor Murtaza Wahab on Sunday said a balanced and middle-path solution was needed to address the issue of stray dogs, as the metropolis faced competing demands from animal welfare activists and parents whose children had been mauled by canines.



Speaking to journalists during the inauguration of new facilities at the Karachi Zoo, the mayor said that while one group opposed the culling of stray dogs, public safety concerns could not be ignored. He said the Sindh government had introduced a dog neutering policy at the request of animal lovers, but it did not deliver the desired results.

"Whatever decision the City Council takes regarding stray dogs will be implemented," he added.

Turning to developments at the Karachi Zoo, Mayor Wahab said the facility, also known as Gandhi Garden, was a valuable asset of the city and was being transformed into a modern, safe and nature-friendly recreational and educational centre in line with international standards.

He said that for decades the zoo's internal pathways, animal enclosures and facilities had remained in a dilapidated condition.

He said a modern lion enclosure spanning two acres had now been constructed, where lions Chandni and Rani were being kept in an open environment aligned with their natural habitat. The enclosure has been fitted with bulletproof glass and includes special arrangements for water play and resting.

The mayor said that Chandni and Rani were born in the Karachi Zoo, reflecting improved animal health, as unhealthy animals could not reproduce.

He added that measures were being taken to improve animal nutrition and healthcare, while more veterinary doctors were being hired to meet international standards.

Earlier, Mayor Wahab inaugurated the newly renovated Reptile House, a pedestrian bridge and other recreational facilities at the zoo. Deputy Parliamentary Leader in the City Council Dil Muhammad and other council members were also present.

He said the Reptile House had been reopened for the public after renovation, while a newly constructed tower had been added to attract visitors, particularly young people and photography enthusiasts. Modern walkways, seating areas and informative signboards were also being installed to make the zoo more visitor-friendly.

The mayor said thousands of people, particularly from low- and middle-income backgrounds, visited the Karachi Zoo daily. The entry fee had been fixed at Rs30 for children and Rs50 for adults, and the income generated was being reinvested in the improvement of facilities.

He clarified that there was no plan to purchase new large animals, with the focus remaining on the care and breeding of existing animals. The zoo kitchen would soon be opened to the public to ensure transparency.

Responding to criticism, the city mayor said negative propaganda was being spread about the Karachi Zoo and warned that neglect could expose the area to land grabbers.

He invited citizens, experts and welfare organisations to work practically with the city administration, saying problems could not be solved through press conferences alone.

He said criticism for the sake of criticism was not in the city's interest and invited all political parties, including Jamaat-e-Islami, to cooperate for the betterment of Karachi instead of indulging in the politics of allegations.

At the same time, the mayor urged people to stop spitting pan, chalia and gutka at public places, saying it not only disfigured the city but also placed an additional financial burden of millions of rupees on cleanliness efforts. He said public awareness campaigns would be further strengthened.

Mayor Wahab said the year would be dedicated to development projects and that the KMC was determined to complete major initiatives, including the Hub Canal, sewage treatment plants and the Cattle Colony flyover. Despite challenges arising from the poor performance of towns, he said, efforts to improve Karachi would continue.

He said his mission was to quash the negative image of Karachi and transform it into a clean, active and developed city through collective efforts by the government, institutions and citizens.

(By Newspaper's Staff Reporter, The Express Tribune, 04, 29/12/2025)

Over 55pc women reported at CHK's gynae OPDs affected by Polycystic Ovary Syndrome: study

Health experts at a programme held on Saturday shared findings of a local hospital-based study according to which Polycystic Ovary Syndrome (PCOS) affects more than 55 per cent of women visiting gynaecology outpatient departments (OPDs) in Karachi.

They were speaking at the launch of Discovering PCOS, an awareness and screening initiative, unveiled at a local hotel, where medical experts described PCOS as a silent but growing public health challenge, increasingly affecting girls at younger ages.

They attributed the situation to obesity, increasing consumption of junk food and physical inactivity.

Highlighting the findings of the study, conducted at the Dr Ruth Pfau Civil Hospital Karachi (CHK), the speakers said the research found that 55.4pc of women reporting at gynaecology OPDs had clinical features consistent with PCOS, pointing to what they described as an unusually high burden of the disorder in urban Pakistan.

The study also found girls aged 16 and 17 commonly presenting with menstrual problems, obesity and excessive hair growth. In some cases, symptoms were found as early as 12 or 13 years of age.

Experts describe PCOS silent but growing public health challenge

They emphasised that while the hospital-based figures shouldn't be interpreted as a national prevalence of the disorder, they reflected how frequently PCOS was now being diagnosed in routine clinical practices, often at advanced stages due to delayed diagnosis and poor awareness.

"PCOS is no longer confined to adult women and is increasingly being diagnosed in adolescent girls, including those under the age of 15," Dr Hina Haris said.

Clinical observations showed that around 52pc of women assessed for hormonal complaints exhibited signs of PCOS, with junk food intake, sedentary lifestyles and excessive screen time emerging as major contributing factors, she added.

The expert explained that irregular menstrual cycles, unexplained weight gain, excessive facial or body hair and acne were common warning signs, adding that untreated PCOS could eventually lead to infertility.

Families, Dr Haris urged, should not dismiss these symptoms as routine teenage changes and must seek medical advice early.

Dr Hina Bashir Khan noted that more girls were now presenting with hormonal disturbances soon after puberty.

She linked the trend to late sleeping habits, lack of physical activity and unhealthy diets, adding that clinical observations suggested around 15pc of Pakistani girls and young women showed clear features of PCOS.

Experts including Dr Shaheen Zafar stressed that early diagnosis was critical to reduce complications, warning that obesity was "the strongest aggravating factor".

"Without sustained lifestyle changes, including weight control and regular exercise, long-term management becomes difficult," she said.

Other speakers noted that awareness of PCOS had increased in recent years, partly due to social media, but stigma and embarrassment still prevented many girls from seeking timely medical help.

Stress-related hormonal imbalance and genetic predisposition were also identified as contributing factors.

Experts said that as per the findings of the World Health Organisation, nearly 70pc percent of women with PCOS worldwide were unaware of their condition.

Speaking at the event, PharmEvo CEO Syed Jamshed Ahmed stressed that early diagnosis of PCOS could significantly reduce long-term complications and prevent progression to infertility, diabetes and metabolic disorders.

As part of the Discovering PCOS initiative, organisers announced plans to screen 10 million women of reproductive age and establish 100 PCOS clinics across Pakistan. Advisor to the programme Dr Masood Javed said a digital chatbot had also been developed to help women identify symptoms early and connect them with nearby clinics for further evaluation.

An agreement related to the campaign was signed by PharmEvo CEO Syed Jamshed Ahmed and influencer Sidra Iqbal, who was also appointed brand ambassador to help reach younger audiences and reduce stigma around women's hormonal health.

Senior gynaecologists from major public and private hospitals attended the launch and warned that unless lifestyle patterns change and early screening becomes routine, Pakistan could face a rise in infertility, metabolic disorders and diabetes linked to untreated PCOS.

(By Faiza Ilyas Dawn, 14, 30/12/2025)