

Medical News

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NEXUS

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Rs 48.701b allocated for NHSRC for year 2017-18

MN Report

ISLAMABAD - The federal government has earmarked Rs 48701.460 million for Ministry of National Health Services, Regulations and Coordination Division (NHSRC) for 18 on-going and five new schemes for the financial year 2017-18.

According to the budgetary document released, with inclusion of provinces' share of Rs 5700 million in Expanded Programme on Immunization (EPI), the total amount will touch the figure of Rs 54401.460 million.

Out of total amount, an amount of Rs 37500.328 million has been allocated for 18 on-going health projects while Rs 16901.132 million has been allocated for five new projects.

An amount of Rs 16400 million has been allocated National Health Programme for Family Planning and Primary Health care while Rs 7705.145 has been earmarked for Population Welfare Program provinces. Similarly, Rs 7400 million has been allocated for Expanded Programme on immunization

(EPI), Islamabad while Rs 3000 million has been earmarked for Prime Minister's National Health Programme.

An amount of Rs 1046.219 million has been allocated for National Maternal, Neonatal and Child Health Programme (MNCH) while

Rs 684 million has been allocated for Prime Minister's Programme for Prevention and Control of Hepatitis.

For completion of National Programme for

Prevention and Control of Blindness an amount of Rs 247 million has been allocated while Rs 124 million has been allocated for National TB Control programme.

In schemes, the government has allocated an amount of Rs 800 million has been allocated for Prime Minister's Programme for New Hospitals (Phase-I) while Rs 7000 million has been allocated for Prime Minister's National Health Programme (Phase-II). Similarly, an amount of Rs 1317.52 million has been allocated for Prime Minister's

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BUDGET 2017-18

Action taken against 100 doctors in Illegal organ transplant: PMDC Chief

■ PMDC to take mal-practitioners to task

MN Report

ISLAMABAD - Pakistan Medical & Dental Council (PMDC) is determined to cancel licenses of doctors involved in illegal practice of human organs transplant, Senate body told which met under the chair of Senator Sajjad Hussain Turi.

The committee discussed issues of implementation on the recommendations made by the body in previous meeting.

Other agenda items included the consideration of 'The National Healthcare Bill 2017', a briefing by PMDC regarding its performance and mechanism and briefing on the elections of homeopathy council.

President PMDC Shabir Lehri while responding to the questions by legislature regarding illegal business of human organs transplant said that the authority has decided to cancel the licenses of such medical practitioners. "The decision will be taken in the next meeting of board," he said.

The senators expressed severe concerns on the case uncovered at Lahore where doctors were arrested red handed by Federal Investigation Agency (FIA). The doctors were involved in illegal business of human organ

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Tobacco Tax

MN Report

KARACHI - It's the budget season. And tobacco industry, which is a major tax revenue source, is under focus again. As per current tax regime, cigarette packs having a retail price below Rs88 carry FED of Rs33 per pack, whereas cigarettes packs with retail price above Rs88 are charged FED of Rs74 per pack.

It is unclear whether and by how much cigarettes will again be subject to a FED hike. Federal health minister has reportedly asked finance ministry to

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Cilostazol research in Asia: can it be applied to European and American patients?

By **Jong S. Kim, Sun U. Kwon, and Shinichiro Uchiyama**

Introduction

Antiplatelet drugs are generally used for secondary stroke prevention. Among them, aspirin is the most widely used, principally because of medical economics. However, the efficacy of aspirin is modest, and the risk of bleeding - including cerebral hemorrhage - is increased. Cilostazol is an antiplatelet drug which is often used in Asian countries like Korea, Japan, and China. Cilostazol inhibits phosphodiesterase, increases cyclic AMP


concentration, and consequently inhibits platelet aggregation. Interestingly, it also has vasodilatory activity, inhibits vascular smooth muscle proliferation, and protects the vascular endothelium. Unlike aspirin, it is associated with a low risk of bleeding complications. The research on cilostazol has been performed mostly in Asia. Therefore, there is a conceptual gap between the East and West; cilostazol is widely used in some parts of Asia, while it is not in Europe and America (1). In this article, we review the research conducted in Asia that examines the effects of

cilostazol on the secondary prevention of stroke. We will then discuss whether these results can be applied to non-Asian patients. **Trials using cilostazol conducted in Asia** Among the 213 articles found by searching PubMed using the search string 'cilostazol' AND 'clinical trial' AND 'humans', 10 articles (2-11) included randomized controlled clinical trials using cilostazol for treatment of ischemic stroke. In addition, an article recently published by one of the authors was included (12). As shown in Table 1, the 11 trials recruited 6718 patients from Asian countries including Japan,


China, Korea, Thailand, and the Philippines. **Secondary stroke prevention** The Cilostazol Stroke Prevention Study (CSPS) (11) was the first clinical trial to examine the secondary stroke prevention efficacy of cilostazol. It recruited 1095 Japanese, ischemic stroke patients within one to six-months of stroke onset. Patients were randomized to receive either cilostazol or a placebo. Cilostazol treatment significantly reduced recurrent ischemic stroke [42.3%; 95% confidence interval (CI) = 10.3% to 62.9%, $P = 0.0127$]. Additionally, it did not increase the incidence of bleeding complications compared with the placebo. Subsequently, two large trials compared the safety and efficacy of cilostazol and aspirin in ischemic stroke patients. Investigators from the

imaging (MRI) revealed that asymptomatic cerebral hematoma occurred in four patients in the aspirin group and in only one patient in the cilostazol group. In the Cilostazol Stroke Prevention Study 2 (CSPS2), 2757 Japanese patients were randomized into a cilostazol group and an aspirin group (7). The mean follow-up period was 29 months. The primary end-point (the first occurrence of stroke including cerebral infarction, cerebral hemorrhage, and subarachnoid hemorrhage) was reached by 2.76%/year ($n = 82$) in the cilostazol and 3.71% ($n = 119$) in the aspirin group (HR = 0.743; 95% CI = 0.564-0.981; $P = 0.0357$). A significantly lower incidence of major hemorrhagic events occurred in the cilostazol group (HR = 0.458; 95% CI = 0.296-0.711; $P = 0.0004$). Based on these large-scale clinical trials, it can be



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* Marso SP, Hiatt WR. Peripheral arterial disease in patients with diabetes. J Am Col. Card. 2006; 47 (5): 921-9.

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Table 1. Trials using cilostazol conducted in Asia

Study/Author	Country	Target population	Treatment	Primary endpoints	Results
Secondary stroke prevention					
CSPS (Kimura et al. 11)	Japan	1095 cerebral infarction pts. at one to six months	Cilostazol vs. Placebo	Recurrence of cerebral infarction	HR = 0.563 ($P = 0.0127$)
CASISP (Hwang et al. 9)	China	720 cerebral infarction pts. at one to six months	Cilostazol vs. Aspirin	Recurrence of stroke	HR = 0.62 ($P = 0.185$)
CSPS 2 (Uchiyama et al. 7)	Japan	2757 cerebral infarction pts. within 30 months	Cilostazol vs. Aspirin	Recurrence of stroke	HR = 0.743 ($P = 0.0357$)
Acute stroke					
CAIST (Kimura et al. 10)	Korea	458 ischemic stroke pts. within 48 hours	Cilostazol vs. Aspirin	HR score (0-2) at 90 days	76% vs. 75% (insignificantly)
Nakamura et al. 12	Japan	56 ischemic stroke pts. within 48 hours	Cilostazol vs. Placebo (negative)	Neurological deterioration or recurrence at 14 days	8% vs. 38% (HR = 0.21, $P = 0.013$)
Watanabe et al. 13	Japan	51 ischemic stroke pts. within 24 hours	Cilostazol + platelet antiaggregants	Rate of stroke progression on day 3	3.2% vs. 3.4% ($P = 0.143$)
Stroke hazard study					
TOS (Hwang et al. 9)	Korea	120 pts. with symptomatic intracranial stenosis within 3 months	Cilostazol vs. Placebo (negative)	Progression of intracranial stenosis	4.1% vs. 28.0% ($P = 0.008$)
ABCS (Lee et al. 8)	Korea	246 acute stroke pts. with ischemic stroke	Cilostazol vs. Placebo (negative)	Incidence of aspirin-related at 90 days	8.8% vs. 10.5% ($P = 0.576$)
TOS (Hwang et al. 9)	Korea, Hong-Kong, the Philippines, Thailand	457 pts. with symptomatic intracranial stenosis within 2 weeks	Cilostazol vs. aspirin (negative)	Progression of intracranial stenosis	9.3% vs. 10.5% (HR = 0.87, $P = 0.692$)
ICP (Phanthiphan et al. 14)	Thailand	103 lateral stroke pts. within 90 days	Cilostazol vs. Placebo (negative)	Change of disability index at 90 days	See below (p-value not reported)
CAHADR (Kishimoto et al. 15)	Japan	163 pts. with symptomatic intracranial stenosis less than 50% within 90 days	Cilostazol vs. Placebo (negative)	Progression of intracranial stenosis	9.8% vs. 5.4% ($P = 0.132$)

HR, hazard ratio; HRs, modified Rankin Scale; pts., patients; HRs, relative risk reduction.

Cilostazol vs. Aspirin for Secondary Ischemic Stroke Prevention (CASISP) study hypothesized that cilostazol may be better than aspirin for Chinese ischemic stroke patients due to the higher prevalence of aspirin-related cerebral hemorrhages in China (9). Patients who had suffered an ischemic stroke in the last 1-6 months ($n = 720$) were randomized into a cilostazol and an aspirin group and treated for 12-18 months. Recurrent strokes occurred in 12 patients in the cilostazol and 20 in the aspirin group [hazard ratio (HR) = 0.62; 95% CI = 0.30-1.26; $P = 0.185$]. Hemorrhagic stroke was reported in six patients, of whom only one had received cilostazol. Additionally, follow-up

concluded that cilostazol is at least as effective as aspirin for secondary stroke prevention, and associated with significantly less frequent bleeding complications than aspirin. **Treatment of acute ischemic stroke** Three clinical trials have examined the efficacy of cilostazol in the acute stage of stroke: Cilostazol in Acute Ischemic Stroke Treatment (CAIST), Tohoku Acute Stroke Progressing Stroke Study (2), and a small pilot study performed in Japan. The CAIST study investigators recruited 458 Korean ischemic stroke patients. Within 48 h of the onset of stroke, they were treated with cilostazol (200 mg/day) or aspirin (300 mg/day) for 90 days. The

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New department at Leprosy Hospital awaiting completion since 6 years

MN Report
KARACHI - The expanded section (Infectious Diseases Department), of Leprosy Hospital Manghopir has still not been completed due to the shortage of funds and lack of interest of Medical & Health Services Department of Karachi Metropolitan Corporation (KMC). The construction work of two-story building of the Infectious Diseases Department at Leprosy Hospital was started in 2007 and the project was supposed to be completed in 2010 but despite a lapse of six years, it is still unfinished. The project was started with cost of Rs 60 million and 95 percent construction work of the project has been completed, while Rs 10 million more funding is needed to make the department fully operational. An administrative official at Leprosy Hospital Manghopir informed that infectious diseases like hepatitis, TB, leprosy, malaria, AIDS, dengue and chikungunya are on the rise in Sindh province particularly in Karachi. He said advanced hepatitis, leprosy, AIDS and TB units will be established in the new building after its completion to control the prevalence of infectious diseases. He said Leprosy Hospital Manghopir is the sole and first hospital of its kind where quality facilities are available for diagnosis and treatment of leprosy and other skin diseases under one roof. He said bed capacity will be increased from 200 to 250 following the completion of project. He said administration would be able to cater all infectious diseases in the future after the Infectious Diseases Department becomes operational. Senior Director Medical & Health Services, KMC, Dr Muhammad Ali Abbasi, said KMC City Council had passed a council resolution few days ago for up-gradation of Leprosy Hospital Manghopir. He informed that hiring of doctors, nurses and paramedical staff will begin soon to make the Infectious Diseases Department operational.

Sindh committed to eradicate polio: CM

MN Report
KARACHI - Sindh Chief Minister Syed Murad Ali Shah has said they are committed to eradicating polio from Sindh. Presiding over a meeting on 'Provincial Task Force Meeting for Polio Eradication' at the CM House, he that he was satisfied that in the first five months of 2017 no polio case was reported anywhere from Sindh. Coordinator Emergency Operation Center for Polio Fayaz Jatoti said that during 2014, some 30 polio cases had emerged in Sindh. The figure dropped down to 12 in 2015 and it went further down to eight in 2016 and no polio case is reported this year so far from Sindh. He said that Karachi was vulnerable and samples collected from different areas such as Machhar Colony, Sohrab Goth and Gadap had polio virus. He said there are some indications of the virus in the areas of lower Sindh and Northern Sindh. He added that necessary measures have been taken to control the situation. He said that in Karachi the polio coverage is around 90 percent but still 80,000 children are left because of refusal by their parents or their absence in the home.



TB Treatment and Referral Centre established at AKUH

MN Report
KARACHI -The Sindh Tuberculosis Control Program (PTP), signed a Memorandum of Understanding (MOU) with Aga Khan University Hospital (AKUH) to establish a Treatment and Referral Centre for patients suffering from tuberculosis (TB). TB is a contagious disease and an untreated patient can infect up to 15 people over the course of a year. Although treatable, the disease is widespread across Pakistan due to factors including delays in its diagnosis, inappropriate and unsupervised use of medicines and an absence of social support programs for high risk populations. These issues have not only failed to contain the disease but have also led to the emergence of drug resistant forms of TB, as patients fail to the understand the importance of follow-up doctor visits and continued treatment. The TB Treatment and Referral Centre at AKUH has been established to address this alarming health concern. The AKUH has the largest group of Infectious Diseases specialists in the country who will be working in collaboration with the Pharmacy Services at the AKUH, to dispense quality TB medicines. The TB Treatment and Referral

Centre also plans to educate the public that TB is not a silent disease and can be recognized by its evident symptoms (persistent cough for more than 3 weeks, low grade fever, coughing up blood, night sweats, loss of appetite and weight and perpetual fatigue) and be treated with antibiotics over a course of 6 months. At the ceremony, AKU's Professor and Service Line Chief, Dr Bushra Jamil commented on the importance of this Centre and said, "AKUH is delivering high quality care utilizing established best practices for patients of all ages with all forms of

Continued on Page 14

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627 more Chikungunya cases surface in Karachi

MN Report

KARACHI - As many as 627 Chikungunya suspected cases have been reported in Karachi since May 01, 2017 to date, taking the patients toll to 2,722 in the city since 1st January 2017.



As per statistics released by Health Department Sindh, at least 627 more chikungunya suspected cases have been surfaced in the city from May 01 to 19 May, 2017 out of which 343 were reported from Malir, 188 from District West, 42 from District Central, 24 from District South, 23 from District East and seven from District Korangi, respectively.

A total 198 tested positive out of 237 blood samples sent to National Institute of Health, Islamabad for investigation.

Since December 19, 2016, a total 3,108 Chikunguna suspected cases have been reported across the city out of which 405 were reported in December 2016, 461 in January & February, 282 in March and 1333 in April and 627 in May, 2017, respectively.

Experts said Chikungunya is transmitted to humans by infected mosquitoes. The major symptoms include high fever, joint pain (in lower back, ankle, knees, wrists or phalanges), joint swelling, rash, headache, muscle pain, nausea and fatigue. Chikungunya is rarely fatal, while the death rate of the disease-affected people is less than one percent.

Final polio campaigns before Ramzan conducted in Sindh

MN Report

KARACHI - A four-day campaign to administer polio drops to children was conducted in the districts of Sindh except Karachi. The total target for this polio campaign was approximately 6.2 million children across the districts of Sindh (minus Karachi). Then the last polio campaign in Sindh was held in Karachi following this one, before the break for the Holy Month of Ramzan. Coordinator, Emergency Operation Centre for Polio (EOC), Sindh, Fayaz Jatoi said "these are the most crucial campaigns of the year as we head into the high season for polio for it is vital that parents cooperate with polio teams and bring their children forward for polio vaccination." He also said that the "teams must put in an extra effort during this campaign and brave the heat to vaccinate every child."

There have been major improvements in the polio programs in Sindh and workers must maintain this performance. Karachi and northern Sindh which were both known as reservoirs for polio have not seen a single case of polio in more than a year. In 2017, there were two cases of Polio in Pakistan out of which one was from Punjab and another from Gilgit Baltistan, while there have been zero polio cases from Sindh this year.



Pharma companies urged to think about the poor



MN Report

KARACHI - "The cost for development of a new drug is from \$1.2 to 1.8 billion and it takes around 8-12 years following several processes. Pharmaceutical companies spend around 30 percent budget on advertisement while merely around 13 percent for research and development.

Pharmaceutical companies are focused on the profit, and neglect poor man's diseases which are not very common and are rare disorders because producing their curative drugs will not be very lucrative for them. In the same context, tropical diseases spreading among the poor population also remain untreated from which 1 billion people are affected. Drug development has become a big business which gives the highest return on investments. Only financial tycoons are financially able to start drug business.

The role of academic scientists and academia is gradually diminishing

especially in developing regions. Research conducted by academic scientists is being used by the pharmaceutical industry to make drugs."

These views were expressed by Director ICCBS, University of Karachi Professor Dr. Muhammad Iqbal Choudhary while presenting his research paper at the three-day Fifth International Council for Life Sciences KIBGE Conference on "Responsible Conduct of Science: Ethical Concerns in Medical and Pharmaceutical Practice and Research" at Dr. A.Q. Khan Institute of Biotechnology and Genetic Engineering (KIBGE), University of Karachi. The session was chaired by renowned microbiologist and Rector/Vice Chancellor Dadabhoi Institute Professor Dr. Shahana Urooj Kazmi. He added that anti infection drug discovery and development is unfortunately receiving lesser attention and funding in global healthcare R & D. Many

pharmaceutical conglomerates have either closed down or downsized their anti-infection drug discovery programs. Multidrug resistance is a challenging problem for the healthcare sector. "We can't rely on the pharmaceutical industry anymore to deliver future drugs; academia should play its role. Academia should develop a new drug discovery paradigm and mechanism based on human needs not business", added Dr. Choudhary. Nida Wahid Bashir while presenting her research paper said that medical error is responsible for significant morbidity and mortality related to healthcare. In Pakistan, with existing news and views about the topic, there is a dire need to increase the awareness about the existence of medical error and tools for identification and prevention among the individuals of society in general and healthcare professionals in particular.

DUHS organizes seminar on DNA evaluation of forensic evidence

MN Report

KARACHI - Dow University of Health Science (DUHS) organized a Seminar on "DNA evaluation of forensic evidence" at Professional Development Center of DUHS. This event not only brought together the key personalities related to the same fraternity but also gathered quite a number of intellectuals together on one platform. Vice chancellor of DUHS, Prof Saeed Quraishy, in his address emphasized benefitting from this productive session. He also thanked the organizers for arranging such an informative seminar. Pro-Vice Chancellor and Prof. Khawar Saeed Jamali appreciated the efforts of taking the initiative of organising such a seminar. He advised that such type of seminars should be continued in the future as well.

Chairman, Department of Forensic Medicine, Jinnah Sindh Medical University Prof Farhat Mirza, discussed the inexistence and ethical aspects regarding the collection, preservation and dispatching of forensic evidence for DNA Analysis and the unavailability of facilities in such a huge cosmopolitan city, where the crime rate is rising to its peak.

Member of International Society of Forensic Genetics, Dr Nuzhat Akram, in her presentation gave a detailed discussion of

DNA Markers that are being used all over the world for identification purposes. She further elaborated that the reliability of DNA Evidence for the medico-legal purposes can only be enhanced by using meticulous techniques and procedures for collection, preservation, handling, transportation and testing biological samples.

HoD, Forensic Medicine, Dow Medical College-DUHS, Dr Ramlah Naz, said that after a decades of unaddressed branch of basic sciences i.e. forensic medicine, the dynamic leadership of Vice Chancellor Prof. Saeed Qureshi provided a platform to highlight the needs and importance of most neglected subject forensic medicine which has a great value in providing justice to the sufferers.

She further informed that this seminar is meant to blow a fresh breeze in the forensic fraternity. According to her it's not the ending but the beginning of a new horizon that would be continued with the series 2 hands-on as a productive, informative and constructive session on DNA extraction under the umbrella of DUHS.

HoD of Forensic Medicine Dow International Dental College, Prof Mukkaram Ali, informed that in Pakistan there is a lack of established

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Consensus reached on national health research agenda

MN Report

LAHORE - Researchers, academicians and health professionals from around the country have agreed on a five year National Health Research Agenda (2017-2022) that identifies 18 key areas for research.

In a colloquium organised by the University of Health Sciences (UHS) on the other day, experts and representatives from various health institutions, universities and accrediting bodies including Higher Education Commission (HEC), Pakistan Medical and Dental Council (PM&DC) and Punjab Higher Education Commission (PHEC), reached a consensus on the areas where health research was most needed. The agenda will be circulated among stakeholders including higher education institutions, research organisations, regulators and policy makers and will be implemented after incorporating their recommendations. The priority areas identified include: genetics including congenital defects and parental screening and counselling; reproductive health such as

maternal health; child health including prenatal and neonatal, childhood areas such as birth asphyxia, sepsis, diarrhoea, growth retardation, prematurity and nutritional deficiencies; autism; communicable diseases such as polio, HIV, tuberculosis, malaria, dengue and hepatitis, infection control; non-communicable diseases such as diabetes, hypertension, metabolic syndrome, cardiovascular diseases, injury prevention; mental health including depression, anxiety, suicide and substance abuse; malignancies especially breast cancer, colorectal carcinoma and hematological malignancies in children; oral health, promotion and diseases prevention including oral cancers, facial defects, oral infections and oral systemic connection. Punjab Higher Education Commission (PHEC) Chairman Prof Nizamuddin, who was the chief guest on this occasion, said that the importance of health research has been recognised at all levels. "This is the first time a national health research agenda is going to be formulated to address the issue of health research which further

endorses its role within a knowledge-based economy," he said while appreciating the efforts of UHS in this regard. Prof Nizam said that funds up to Rs300 million per project were available with PHEC. He also urged the researchers to come up with new proposals. UHS Vice Chancellor Prof Junaid Sarfraz Khan said that the basic objective of the whole exercise was to divert the attention of the researchers and scholars from "petty research" to "meaningful research" so that public could benefit. "The agenda emphasises a partnership approach to developing a thriving research culture in the health services, a partnership between health agencies, universities, and the healthcare industry," he added. The VC further said that the agenda would maximise the returns on investments in health research through creation of a proper health research system to prioritise, coordinate and facilitate conduct of effective and ethical research and its translation into products, policies and programmes aimed at improving health especially of the vulnerable population.

ZGI Convoys treat over 2,000 needy patients in Zanzibar

MN Monitoring Desk

A joint medical voluntary team from the UAE and Zanzibar has treated more than 2,000 children and elderly people, mostly suffering from cardiac disorders, in four medical camps. The charitable medical mission in Zanzibar is run by Zayed Giving Initiative with support from Dar Al Ber Society, Sharjah Charity International and the Saudi-German Hospital, in coordination with the UAE embassy there. The mission is in response to an appeal from the Zanzibar ministry of health and is also in line with the Year of Giving. The 50-member team includes volunteer doctors and surgeons from the UAE, Tanzania, United States, France, Britain, Canada, Egypt, Pakistan, South Africa and India. The ministry of health in Zanzibar appreciated the efforts being made by the UAE globally to provide medical care to heart patients.



Sania Nishtar defeated at WHO

MN Report

ISLAMABAD - Dr Sania Nishtar who was one of the leading candidates for the Director General World Health Organization and her defeat has come as a shock to most Pakistanis, who were eagerly awaiting some good news about the country on the global platform. Officials say that despite running an excellent campaign Pakistan's efforts were undone by global alliances and a strong push by African countries. Senior officials at the foreign ministry said that Islamabad had left no stone unturned to ensure Nishtar's victory but the ultimate defeat could not be termed as a big failure as she was among the top candidates.

The official said some people may smell a conspiracy or a diplomatic failure behind Nishtar's defeat but these were all 'speculations.' "We ran an excellent campaign, but the African countries made it an African campaign, and then lobbied for the EU as a bloc lobbying for a bloc and it became global alliances and politics," a senior official, who spoke on condition of anonymity, said "And that's why we lost."

Earlier, Dr Tedros Adhanom Ghebreyesus was elected as the WHO Director General. He has served as Minister of Foreign Affairs, Ethiopia from 2012-2016 and as Minister of Health,

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October 21

Vascular Interventional Course
Clinical Interventional Oncology Symposium at Lahore.

INTERNATIONAL

June 7-9

Joint CHEST-SGP Congress 2017 at Basel, Switzerland

June 11-13

The Viral Hepatitis & Liver Disease Congress Frankfurt, Germany

June 15-16

The 2nd International Meeting on CardiOncology (IMCO2017) at Tel Aviv, Israel

September 21-23

1st Int Congress of the World Association for Psychosocial Rehabilitation at Abu Dhabi, United Arab Emirates

October 5-7

3rd Abu Dhabi International Conference in Dermatology and Aesthetics at Abu Dhabi, United Arab Emirates

November 9-10

3rd Annual International Heart Failure Conference at Abu Dhabi, United Arab Emirates

2017 HEALTH DAYS CALENDAR

JUNE

- 1 World Milk Day
- 1 International Children Day
- 5 World Environment Day
- 14 World Blood Donor Day
- 19 World Sickle Cell Day
- 26 International Day Against Drug Abuse And Illicit Drug Trafficking

JULY

- 11 World Population Day
- 28 World Hepatitis Day

AUGUST

- 1-7 World Breastfeeding Week

SEPTEMBER

- 9 International Fetal Alcohol Syndrome Day
- 21 World Alzheimer's Day
- 25 World Pharmacist Day
- 26 World Retina Day
- 29 World Heart Day

OCTOBER

- 8 World Sight Day
- 10 World Mental Health Day
- 12 World Arthritis Day
- 12 World Bone And Joint Week
- 15 World Handwashing Day
- 16 World Food Day
- 17 World Spine Day
- 17 World Trauma Day
- 20 World Osteoporosis Day
- 24 World Polio Day
- 29 World Stroke Day

NOVEMBER

- 1 Lung Cancer Awareness Month
- 9 World Quality Day
- 14 International Diabetes Day
- 17 World Chronic Obstructive Pulmonary Disease Day
- 26 World Anti-Obesity Day

DECEMBER

- 1 World Aids Day
- 3 International Day of Disabled Persons
- 5 World Patient Safety Day

Pakistan to have closer ties with Turkey to expand health sector

Provincial health minister from Punjab invites Turkish investors to explore medicine manufacturing options in the country

MN Report

LAHORE - Pakistan seeks wide ranging cooperation with Turkey in the health sector with a special focus on development of its human resources, health insurance, medicines, medical tourism and research and development, according to a provincial health minister.

In an interview with Anadolu Agency in the provincial capital Lahore, Khawaja Salman Rafique, health minister for Punjab -- the country's most populous province with over 90 million people --, said Pakistan deeply appreciates Turkey's assistance in the health sector but it now looks to

expand cooperation in this key area further.

"Turkey is already assisting us in several health-related fields, especially in capacity building, hospital management, and modernization of health sector. But much room is still vacant," Rafique said. He said health insurance is one area that Pakistan could learn a lot from Turkey. The health insurance rate is estimated at over 99 percent in Turkey, whereas it is just above 32 percent in Pakistan.

He said Pakistan is going to expand its health insurance card scheme in Punjab with the assistance of Turkey.

"Pakistan has recently launched a health insurance scheme for the low income bracket population initially. In Punjab, this scheme has initially been introduced in four districts. We are going to expand this scheme to other districts with the help of Turkish Health Ministry, which has been in constant touch with us," he said.

"We are developing a comprehensive framework to introduce a viable health insurance system in the province with the help of Turkish consultants," he added.

He said that some Turkish investors were also looking into manufacturing of plastic products used in the

health sector.

A delegation of Turkish investors is currently visiting Pakistan to find out the feasibility for building a plastic instruments manufacturing plant in Punjab, Rafique said.

The provincial minister also spoke about the scope of expanding cooperation in the media tourism sector.

Training of doctors, nurses

"We have sent over 120 doctors, health managers and paramedics to Turkey to acquire latest training and skills in different fields of health, especially family medicines [refers to medicine for common ailments such as seasonal flu etc.], and hospital management in last six months.

"We are going to increase these numbers in coming months as the doctors and nurses trained by Turkish trainers have made a significant difference," he added.

This training of personnel would also encourage Pakistanis to take advantage of better medical facilities in Turkey instead of them going all the way to the U.S. and Europe.

He said Turkish consultants were also guiding Pakistani doctors and paramedics on how to improve their outpatient departments, laboratories and medical tests at the grass roots level.

Rafique said the provincial government recently introduced emergency motorbike service in the province, which was an idea floated by the Turkish Health Ministry.

"On the special directives of Punjab Chief Minister Shehbaz Sharif, we have ordered the procurement of 800 motorbikes, which will be used to provide quick first aid and emergency services to the patients across the

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Improved public health system during 2016-17: Economic Survey

MN Report

ISLAMABAD - The public health activities have persistently increased in terms of physical infrastructure and workforce during year 2016-17.

According to Economic Survey of Pakistan 2016-17 announced by Minister for Finance, Revenue and Economic Affairs Muhammad Ishaq Dar in a press conference revealed that the number of doctors, dentist and nurses have increased. The availability of one doctor, dentist, nurse and one hospital bed versus population has also improved.

The public health sector services were provided at federal, provincial and district levels through a well established network of rural health centers, basic health units, dispensaries, district and tehsil head quarter hospitals and allied medical professionals.

The national immunization program is providing free of cost vaccine facility to every Pakistani child and steps are being taken to arrest the spread of polio.



It said that Prime Minister's Health Program has been launched to provide free treatment of chronic diseases like cancer, burns, diabetes and cardiovascular diseases etc.

Ministry of National Health Services, Regulations and Coordination (NHSRC) is effectively undertaking the federal health functions and inter provincial-coordination. It said that a Drug Regulatory Authority of Pakistan (DRAP) has been established in the domain of Ministry of National Health Services to ensure safety, quality and affordability of medicines in the country.

A Drug Pricing Policy 2015 has been announced to devise a transparent mechanism for fixation and price adjustment. It said that the federal government was also implementing programs such as National Maternal and Child Health Program, Malaria, TB

and HIV/Aids Control Program. These programs have made significant impact to improve health of people. Immunization coverage has been increased and polio reported cases have been reduced.

Deaths from tuberculosis have been declining while child and maternal mortality rates since 2007 continued to improve. It said that Early Childhood Development (ECD) task force was established to provide a high level platform for policy/strategic framework, planning, coordination and exchange of information.

It said that in addition to Universal Salt Iodisation (USI) Program in 110 districts through Public Private Partnership, Food Fortification Program in Pakistan (FFP) is going to start implementation with the aim to support national efforts to improve the nutrition situation in the country.

It said that Benazir Income Support Program (BISP) served 5.42 million beneficiaries during 2016-17 and continues as effective Safety Net Measure by providing cash transfer to the poor segments of the society.

Govt. criticised over absence of female MLOs in city

MN Report

KARACHI - Pakistan Tehreek-e-Insaf (PTI) legislator Khurram Sherzaman expressed outrage over a lack of female medico-legal officers (MLOs) in three major Karachi hospitals.

Sherzaman said that only five MLOs were available at city hospitals -- Jinnah Post Graduate Medical Centre (JPMC), Civil Hospital Karachi (CHK) and Abbasi Shaheed Hospital. Out of these five female MLOs, two are on medical leave. The neglect regarding availability of female MLOs in Karachi by the PPP government in Sindh is surprising given that it claims to be a "champion" of women's rights in Pakistan.

As per rules, every government hospital should have additional police surgeon of grade-19, two senior female medico-legal officers of grade-18 and three female medico-legal officers of grade-17. Accordingly, Karachi should have 71 MLOs of which nine should be female.

He underlined the importance of MLOs when it comes to the criminal justice system in Pakistan in terms of investigation process as they conduct autopsies and examine the victims of violent crimes such as rapes in order to aid the court and prosecution in criminal cases.

Sherzaman demanded that the chief minister and the home minister immediately fill the vacancies of female MLOs at Jinnah Hospital, Civil Hospital and Abbasi Shaheed Hospital.

Fraudulent medical training dissertations in Peshawar

MN Report

PESHAWAR - The College of Physicians and Surgeons Pakistan (CPSP) and the deans of the Medical Teaching Institutes need to take urgent notice of increasing irregularities in the training of post-graduate Trainee Medical Officers (TMOs) leading to fellowship of the college (FCPS).

Lax supervision and disinterest on the part of the supervising Professors and dishonesty on part of the trainees has led to a situation where there is rampant abuse and even outright fraud in fulfilling requirements for sitting part-II of the FCPS examination in various specialties.

The PGMI not only shares major blame in this state of affairs but its own officers allegedly are also part of these corrupt practices. The CPSP is the primary organization responsible for post-graduate training and certification of doctors across Pakistan leading to the once coveted FCPS diploma.

Like every other field in this country, corruption and other irregularities have taken root here as well. This is jeopardizing the whole concept of specialist training and is one of the reasons for the declining standards of specialists in Pakistan. After a candidate passes the part-I of the FCPS examination, he or she is assigned to a clinical unit in approved hospitals under mentorship of a CPSP approved supervisor. The candidate is thereafter called a Trainee Medical Officer (TMO).

Starting in a clinical unit, a TMO has to develop a research proposal under guidance from his supervisor. Once the CPSP grants its approval, the TMO starts working on this proposal and collects data. The TMO is required to write a 100-page or so dissertation and submit it to the CPSP for final approval. This is to be done within the training period of the TMO. A TMO cannot sit for the part II or final of the FCPS exam unless the requirement of writing a dissertation has been met and approved by the college.

Sources learnt that a number of corrupt practices are taking place in fulfilling the requirement of writing this dissertation or thesis. Many supervisors do not take any interest in ensuring that proper and honest research is conducted. There is no mechanism in place where verification of authenticity of data could be done. Most dissertations are retrospective studies. In the absence of proper record keeping in the Medical Teaching Institutes of Pakhtunkhwa, it is anybody's guess as to where the data is obtained from or whether it is authentic or not. Many TMOs are not bothered to collect data themselves or write the dissertation. A not-so-secret industry has come into being to fulfil the needs of these unscrupulous under-training specialist doctors.

According to insiders, a non-medical officer of the Post-Graduate Medical Institute (PGMI) in Peshawar started the practice. For a fee starting from about Rs20,000, this particular officer 'helps' the TMOs with writing their thesis. All the TMOs have to do is to provide real or fake data and the requisite money and a dissertation is written for them. It is needless to say that most of the discussion in the dissertation is plagiarized from other published work.

Some medical doctors have also jumped into

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Dissent about upgradation of medical colleges to universities

MN Report

ISLAMABAD - Punjab Chief Minister Shahbaz Sharif is all set to make a hard choice on whether to amend part of his recent decision, to enact law to keep a uniform medical education and exam system under one body, or to allow multiple medical universities to set their own standards and exam systems across the province (as the new system envisages).

The critics of Punjab government's recent decision to upgrade three medical colleges to universities pronounce that it would hamper uniform standards as well as examination system all over the province, currently under one supervision and standardisation body - the University of Health Sciences (UHS). While the top bureaucrats in the Punjab Health Department brushed aside the decision and favour setting up of more universities in the province, arguing apart from teething problems that may span 2-3 years, the system would work fine in the long run. The CM has lately been advised by close circles to encourage free debate on this critical issue of medical education system, as they argue, education providing institutions can't be standard setting, recognition and examining bodies.

A top bureaucrat has recently advised the Punjab CM to review this important aspect of the decision as proliferation of medical universities, both



government run and private, would take away all the checks and balances on medical education and the standards. And international institutions like GMC United Kingdom, ECFMG and World Health Organization (WHO), will not recognise these nascent universities.

Secretary Health Punjab, Najam Ahmed Shah, sharply differs with such criticism, and is sure that the setting up of new health universities would be a good omen for the health education system and ultimately benefit patients and doctors. "Higher Education Commission (HEC) funds universities and not medical colleges.

Therefore, there is need for more and more universities for progress in the field of health sciences," the top health official in Punjab told the media, adding "In Sindh, there are 11 medical universities and each university is maintaining its own standards and conducting its own examination."

Asked how would the new universities secure international recognition after UHS is no more the sole

standard setting and examination body, Najam Shah admitted: "This may happen for initial 2 to 3 years. But ultimately, like Sindh universities, it will not be a problem. International recognition is based on curriculum and examination system". But critics say Sindh medical universities are no role model for the country as a sharp decline in standard of medical education and examination system is observed there. Some senior medical professionals quote UK's example. Their medical schools and colleges are affiliated with one university for the last two centuries to ensure uniform standards and harmony.

Recently, through ordinances, the Punjab government legislated to upgrade Rawalpindi Medical College, Faisalabad Medical College and Nishtar Medical College Multan to universities. The decision is being seen by some medical professionals as of monumental implications that needed a free objective debate, and an institution-building approach that should

Continued on Page 14

Hepatitis control is the need of the hour: Prof Ghiyas

MN Report

LAHORE - Post Graduate Medical Institute and Lahore General Hospital Principal Prof Ghiyas un Nabi Tayyab has said that execution of Punjab Hepatitis Prevention and Control Programme is the need of the hour.

The principal said that the programme would go a long way towards controlling hepatitis and provision of medical facilities to patients free of cost. Under the programme, hepatitis clinics would be set up at the tehsil and district level which will help patients find data and screening of their diseases.

Prof Ghiyas un Nabi Tayyab stressed upon the specialist doctors of PGMI, students of Ameer ud Din Medical College and nursing students to enthusiastically participate in the campaign of sensitising people about hepatitis, especially the people living in the far-flung areas who must be made aware of free screening and registration facilities. All the stakeholders must be taken on board to launch a vigorous awareness campaign in connection with prevention against hepatitis, he added.

The principal said that used blades, unsterilized instruments of dentistry, repeated usage of syringes and non-tested blood transfusion had multiplied the spread of hepatitis in the country.

Health Experts demand federal govt. to increase taxation on cigarettes

MN Report

KARACHI - During an emergency meeting, health professionals belonging to National Alliance for Tobacco Control (NATC) Pakistan Chest Society (PCS), Pakistan Islamic Medical Association (PIMA) and Pakistan Medical Association (PMA) raised serious concerns regarding the recent news of decrease in the taxation on cigarettes in the upcoming budget.

President, Pakistan Islamic Medical Association (PIMA), Dr Abdul Malik said in a statement that the reason for the reduction on tobacco taxes given by Haroon Akhtar Khan, special assistant to the prime minister on revenue, is ridiculous. He pleads that the high taxes on cigarettes leads to their smuggling which in turn costs billions to the exchequer. If such a cause and effect relationship is true and logical, the government should bring heroin, hashish and other menaces in the open market as a commercial commodity, and earn huge income through taxes.

Those in government concerned over increasing revenue by taxes should instead pay attention to bringing the big fishes in the tax net and bringing the looted money of the country by politicians and establishment back to the country's banks. Government should be ashamed that it is increasing the prices of basic commodities like bread, fruits, milk, petrol, electricity etc. and reducing the prices of unnecessary and dangerous items like tobacco.

Health experts pressed the government to increase taxation on cigarettes in order to curb the growing tobacco epidemic in the country. It was also demanded that the "Prohibition of Smoking and Protection of Non-Smoker's Health Ordinance of 2002" be strictly enforced in order to protect the public health from tobacco which happens to be



the single largest preventable cause of death in Pakistan. Pakistan is one of the countries where cigarette consumption is increasing with the passage of every year as according to a WHO report, smoking adults consume 510 cigarettes on average every year which is alarming. Cigarette smoking kills 100,000 Pakistanis every year.

This death toll is far greater than total deaths occurring as a result of suicidal bombings, traffic accidents and crime related killings in a given year. Substantial increases in tobacco taxes are a highly effective tobacco control strategy and lead to significant improvements in public health. Research conducted by International Agency for Research on Cancer last year has shown that 50% increase in inflation adjusted price reduces smoking prevalence by 20%.

Consultant Chest Physician from Aga Khan University and chairman NATC, Prof Javaid Khan, said that the taxation on cigarettes in Pakistan is lowest in the region. The low taxation rate encourages the public, especially youth.

Quoting a research conducted by World Bank, he commented that increasing the tax by 10 percent can reduce the tobacco consumption by 8 percent in low income countries like Pakistan. He also warned that tobacco in any form increases an already extensive risk of heart disease in individuals suffering from

hypertension and/or diabetes. Nicotine present in tobacco increases insulin resistance in the body and hampers good control of diabetes, he explained.

He also regretted the closure of Tobacco Control Cell in Islamabad which was working under ministry of health. Speaking at the meeting, Prof Nadeem Rizvi, President Chest Health and Education Society and Head of the Department of Chest Diseases JPMC, said that tobacco is responsible for almost 50% of all cancer cases in the country, yet smoking is still being advertised in the country at the point of sale and is portrayed through TV drama serials as a pleasurable, cool, glamorous and an adventurous act.

He demanded a comprehensive ban on all forms of tobacco advertising and sponsorship in the country. Dr Nisar Rao said that passive smoking is a serious health risk to a non-smoker. He necessitated that all public places and public transport should be made truly smoke free in order to protect the health of non-smokers. He said doctors should not only set a good example by not smoking themselves, but also work to make their clinics, health centers and hospitals smoke free.

Dr Sohail Akhter requested the lawyers to come forward and help in the litigations against the tobacco industry for its violations of anti-tobacco laws of the country.

PIMA plans to hold hypertension awareness campaign

MN Report

ISLAMABAD - Pakistan Islamic Medical Association (PIMA) plans to hold a comprehensive campaign all over Pakistan in connection with World Hypertension Day to combat the ever increasing deleterious effects of this deadly disease.

The PIMA will hold free clinics all over the country on the occasion and also hold sessions for public awareness about hypertension. The aim of celebrating this day is to create awareness in the public and to stress on prevention methods to avoid its harmful effects.

According to international statistics, over one crore (10 million) persons have high blood pressure.

President, PIMA, Dr Abdul Malik said a certain level of blood pressure is essential for health (about 140/90), however, if readings consistently exceed this, then treatment becomes necessary. He said there are no symptoms when blood pressure exceeds 140/90 continuously, the level at which it is called hypertension. "This is why it is called the silent killer. It is only discovered when checked". If not treated, it causes narrowing of arteries, heart disease, kidney disease, stroke and loss of vision; very serious effects which can compromise the quality of life.

Meanwhile, an awareness session was held at the National Press Club in connection with international hypertension day. Free screening was also arranged through blood pressure monitoring, sugar test and BMI calculation.

The session was addressed by Prof Dr Muhammad Tahir Chaudhry, Dr Saeedullah Shah, Dr Muhammad Iftikhar Burni, Dr Muhammad Hasaan Zia and Dr Shabbir Ahmad Kallu.

Civil Hospital introduces Chikungunya diagnostic testing facility

MN Report

KARACHI - Civil Hospital Karachi (CHK) has introduced Chikungunya diagnostic testing facility in the institution for the poor and around 12 tests are being performed in the healthcare centre on a daily basis.

Medical Superintendent, Civil Hospital Karachi (CHK), Dr Zulfiqar Ali Siyal, said CHK has become the first hospital in Sindh province where Chikungunya test facility was initiated with the help of philanthropists. He said a philanthropist donated diagnostic kits IgM Elisa to hospital administration for the detection of IgM antibody to Chikungunya virus in human serum.

Continued on Page 14

Rs 48.701b allocated for NHSRC...**Continued from front page**

Programme for New Hospitals, master planning, design, medical equipment, planning and construction supervision, services for construction of 46 hospitals of 500-bed, 25-bed and 100-bed across the country.

An amount of Rs 500 million has also been allocated for National Preventive Health Programme while Rs 83.380 million has been allocated strengthening of Health Services Academy, Islamabad.

In the ongoing schemes, Rs 16.400 billion have been allocated for National Programme for Family Planning and Primary Healthcare, Rs 7.400 billion for Expanded Programme on Immunization (EPI), Islamabad, Rs 7.705 billion have been allocated for Population Welfare Programme, provinces, Rs 3 billion have been earmarked for Prime Minister's National Health Programme and Rs 1.048 billion have been earmarked for National Maternal, Neonatal and Child Health Programme (MNCH).

Similarly, Rs 16.901 billion have been allocated for five news schemes of which Rs 8 billion have been allocated for unapproved project of Prime Minister's Programme for new hospitals (Phase-I), Rs 7 billion have been allocated for unapproved Prime Minister's National Health Program-Phase II, while Rs 1.317 billion have been allocated for Prime Minister's Programme for new hospital, master planning, design, medical equipment planning and constitution supervision, services for construction of 500, 250 and 100 beds hospitals across Pakistan.

Action taken against 100 doctors ...**Continued from front page**

transplant.

PMDC chief also informed the senate body that already PMDC has taken action against 100 doctors in this regard.

Senator Mian Ateeq Sheikh remarked that illegal kidney transplant business is being run in every province with the connivance of doctors.

The senate body also recommended introducing accessible system for patients in the hospitals in case of registering the complaints.

The chair directed PMDC to display its website and other accessible addresses in the hospitals if any patient wants to register any complaint against any doctor involved in illegal practice.

President PMDC informed the body that system is already working in Balochistan and PMDC would take measures to expand it under its jurisdiction.

Further, PMDC rescued itself from taking action against fake medical institutions.

"PMDC can only take action against recognised institutions with it," said the President PMDC.

PMDC head pleaded before committee to write a letter for taking action against fake medical institutions.

The committee recommended writing a letter for action against such institutions with copies to FIA.

PMDC officials also told the senate body that it had notified Shifa International Hospital regarding extra charging of fee, directing the hospital to return the charges.

The senators expressed dissatisfaction on the performance of National Institute of Health (NIH) which was directed in previous meeting to present the medical test reports of Hepatitis-C.

Sentaor Kalsoom Parveen remarked, "In two weeks, the authorities have failed in presenting comparison test report of NIH and a private laboratory, which reflects the efficiency of the authorities."

Executive Director (ED) NIH, Dr Mukhtar informed the body that it is a rare incident that test report of NIH and a private laboratory gives different result.

ED also informed the senate body that PC-1 of Rs4.6 million has been prepared for the construction of NIH's boundary wall and fencing to secure it from land grabbing.

NIH officials also told that IT firms have been shortlisted to install the digital system for registration replacing it with manual receipt system.

The chair recommended NIH officials to expedite the process of implementation on the senate body recommendations.

NHS officials on homeopathy council election briefed the senate body that new administrator of the council has been appointed while elections will be held in the

month of August this year.

However, on the concerns of other members, the committee recommended to constitute a three-member sub-committee to address the problems of council.

The committee also took notice on the issue of non-availability of doctors at FATA.

FATA officials informed the body that out of 14 only two doctors are officially present in Mohammad Agency while inquiry against such officials also remains ineffective due to technical legal procedures.

The chair recommended calling chief secretary Khyber Pakhtukhwa (KPK) and secretary health in next meeting.

The committee unanimously agreed on 'The National Healthcare Bill 2017' presented by a private member Azam Khan Swati.

The bill was withdrawn from private capacity after government owned it; however, the body pleaded to endorse the contribution of private member.

Tobacco Tax**Continued from front page**

raise FED on the lower slab to Rs44 per pack, besides earmark 2 percent of tobacco tax revenues for tobacco control and fighting non-communicable diseases. There is also some chatter suggesting expanding the two-slab tobacco tax regime to three tiers.

In the absence of definitive studies, the impact of high tobacco taxation on smoking incidence is a matter of debate in Pakistan. Looking at the formal industry provides a partial clue. During the first quarter ended March 31, 2017, the top two tobacco players - Pakistan Tobacco Company (PSX: PAKT) and Philip Morris Pakistan (PSX: PMPKL) - have undergone a sharp turn in fortune owing to illicit trade.

One might be tempted to cheer the fact that cigarette volumes have begun to fall lately are Pakistanis really smoking less? Maybe yes, maybe not! The duo - which control bulk of the formal market - suggests they have been hurt by rising incidence of illicit cigarettes trading in the lower segment of the market. PAKT, the market leader, claimed in its latest directors' review that "the illicit sector grew to an unprecedented market share of 41% as at March 31st 2017 (33.2% as at March 31st 2016)." Latest review by PMPKL

management echoed the same, attributing the firm's rather massive 1QCY17 top line slump to "the decline in sales volumes as a result of exponential increase of the non-tax paid cigarettes segment".

Previously, the PAKT management has pointed the finger at some local producers instead of smuggled products. "The bulk of the illegal cigarettes are local Duty Non Paid (DNP) which represents more than 85 percent of the illicit market. DNP cigarettes are produced in Pakistan on which duties and taxes have not been paid to the Government," the 2016 annual report stated. DNP cigarettes are selling in the range of Rs20-Rs35 per pack, as per PAKT, significantly below the minimum tax payable on a pack of smokes. The formal players are not hurting alone - government revenues from the industry are also plunging. The 1QCY17 downturn in PAKT and PMPKL top line meant that the federal government hauled Rs13 billion+ less from the two companies (combined) under the heads of excise duties, sales tax, and corporate tax. This comes to a potential tax loss in excess of Rs50 billion for CY17.

The issue at hand is not the survival of tobacco MNCs or protecting tax revenues. The core of the issue is improving public health through tobacco control. Taxing tobacco heavily has led a decline in tobacco smoking in some countries. And indeed, taxing tobacco at punitive levels should work in a country where bulk of the population belongs to the low-income segment.

But simply taxing formal tobacco sales in a regulatory-porous country like Pakistan may do the opposite. A two-pronged strategy needs to be put in place: in addition to taxing tobacco, also crack down on the mushrooming informal, duty-evasive sector, which seems to have taken over a big chunk of low-end cigarette market by dint of their extremely low price points that undercut formal sector players.

It doesn't look like the government will reduce existing FED rates - besides fiscal uncertainty of such a move, being a signatory to the WHO's 'Framework Convention on Tobacco Control' may also come in the way. But the government must understand that there is no way around cracking down on illicit tobacco trade. One hopes the budget will announce concrete measures in that regard.

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Cilostazol research in ... Continued from page 02

primary end-point [the proportion with a modified Rankin Scale (mRS) score of 0-2] was achieved in 76% of the cilostazol group and 75% of the aspirin group. The rates of bleeding complications were not significantly different. The Tohoku Acute Stroke Progressing Stroke Study recruited 510 Japanese patients with noncardioembolic ischemic stroke within 24 h of stroke onset. Patients were randomized to receive either cilostazol (200 mg/day) or no medication apart from routinely used antiplatelets. The primary end-point was progressing stroke, defined as an increase in National Institutes of Health Stroke Scale (NIHSS) score by 4 points or more on day 3 and/or on day 5. The proportion with progressing stroke was 3.2% in the cilostazol group and 6.3% in the control group ($P = 0.143$). The number of patients in the cilostazol group with an mRS score of 0-2 after 90 days was comparable with the control group (88.1% vs. 84.8%).

Trials using surrogate end-points

Five trials used surrogate markers as a primary end-point to show the beneficial effect of cilostazol in a certain group of stroke patients. The Trial of Cilostazol in Symptomatic Intracranial Stenosis (TOSS I) study (10) investigated the effect of cilostazol on intracranial atherosclerosis (ICAS). The investigators randomized 135 Korean patients with acute symptomatic stenosis in the middle cerebral artery or basilar artery into either the cilostazol or placebo group. Aspirin (100 mg/day) was also administered to all patients. The degree of stenosis was assessed at the time of enrollment and six-months after treatment using magnetic resonance angiography and the transcranial Doppler test. Progression of symptomatic stenosis occurred in 6.7% of the cilostazol group, and in 28.8% of the placebo group. Furthermore, the regression rate was higher in the cilostazol (24.4%)

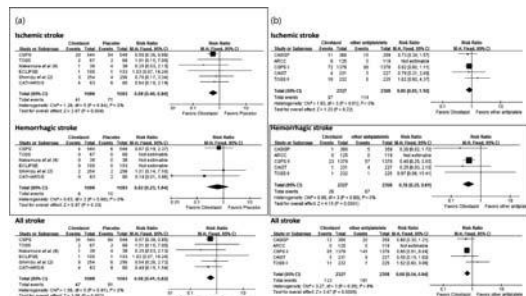


Fig. 1 Meta-analysis of cilostazol research conducted in Asia. (a) Cilostazol vs. Placebo; (b) Cilostazol vs. other antiplatelet agents.

than in the placebo (15.4%) group. The differences were significant both for the progression ($P = 0.008$) and overall changes of stenosis ($P = 0.018$). The similarly designed, TOSS II study compared the efficacy of dual antiplatelet therapies (aspirin plus cilostazol vs. aspirin plus clopidogrel) in the management of symptomatic ICAS. Medication was administered for seven-months, and progression of intracranial stenosis was assessed. Progression occurred in 20 patients in the cilostazol group (9.3%) and in 32 from the clopidogrel group (15.5%). The difference was not statistically significant ($P = 0.092$). However, the overall change in the stenosis was more favorable (i.e., less progression and more regression) in the cilostazol group ($P = 0.049$). These results are consistent with studies showing that long-term administration of cilostazol reduced the intima-media thickness in diabetic and nondiabetic patients. Another trial, Cilostazol-Aspirin Therapy against Recurrent Stroke with Intracranial Artery Stenosis (CATHARSIS) recruited 163 Japanese patients with ischemic stroke due to ICAS and compared aspirin plus cilostazol vs. aspirin monotherapy. Unlike TOSS studies, the patients were recruited from two-weeks to six-months after stroke onset and treated with study medication for two-years. The progression rate during two-year observation period was much lower than that of previous TOSS studies, and occurred in similar frequency between the two treatment groups. This unexpectedly lower rate of ICAS progression may be attributable to the improvement of risk factor

management and inclusion of relatively chronic patients. However, certain combined secondary end-points, such as stroke and silent brain infarcts, occurred less frequently ($P = 0.04$) in the cilostazol group.

In patients undergoing coronary artery stenting, the usual treatment with aspirin and clopidogrel occasionally fails to suppress platelet aggregation, which may be reversed with additional cilostazol treatment. An improvement in antiplatelet activity in chronic ischemic stroke patients following the administering of cilostazol was also found by Lee et al. in a trial involving 244 chronic aspirin users with ischemic stroke. Resistance was decreased by the addition of cilostazol compared with placebo.

Finally, the Effect of Cilostazol in Acute Lacunar Infarction Based on Pulsatility Index of Transcranial Doppler (ECLIPSe) study was conducted using transcranial Doppler tests to investigate the effect of cilostazol on the pulsatility index (PI) of middle cerebral and basilar arteries. Patients with acute lacunar infarction ($n = 203$) were randomized into a cilostazol and placebo group. Cilostazol treatment significantly reduced the PI, which may be related to vasodilatation or improvement of endothelial function mediated by cilostazol. The clinical significance of this result remains to be investigated.

The results of meta-analysis of cilostazol research

Six trials compared the efficacy of cilostazol with that of placebo with respect to various clinical or surrogate end-points. Another five trials compared the efficacy and

safety of cilostazol against aspirin (or clopidogrel in one trial). As shown in Fig. 1, compared with placebo, cilostazol treatment significantly reduced the risk of ischemic stroke recurrence [risk ratio (RR) = 0.58; 95% CI = 0.40-0.84; $P = 0.004$], and did not increase the risk of hemorrhagic stroke (RR = 0.62; 95% CI = 0.23-1.64; $P = 0.33$). Therefore, cilostazol treatment in ischemic stroke patients significantly reduced the risk of overall stroke (RR = 0.58; 95% CI = 0.41-0.82; $P = 0.002$). Compared with aspirin or other antiplatelets, cilostazol treatment did not reduce the risk of ischemic stroke significantly (RR = 0.85; 95% CI = 0.65-1.10; $P = 0.22$). However, it markedly (by 61%) reduced hemorrhagic stroke (RR = 0.39; 95% CI = 0.25-0.61; $P = 0.0001$).

Are there patients who would benefit more from cilostazol treatment?

Based on the studies discussed, there seem to be three types of patients who would particularly benefit from cilostazol treatment. Patients with a high risk of bleeding complications, including those with small vessel disease (SVD). Increased risk of bleeding is the primary concern when antiplatelets are used in stroke patients. Results from animal and human studies and our own meta-analysis (Fig. 1) have shown that cilostazol causes fewer bleeding complications than aspirin. The relative safety of cilostazol can be explained by several observations. First, it was demonstrated that bleeding

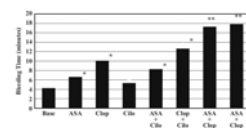


Fig. 2 Average bleeding time for each treatment phase in patients with peripheral artery disease. Base, baseline bleeding time; ASA, aspirin 325 mg QD; Clo, clopidogrel 75 mg QD; Cil, cilostazol 100 mg BID. * $P < 0.05$ vs. baseline, ** $P < 0.05$ vs. all single agents and vs. ASA + Cil and Clop + Cil.

time - reflecting in vivo physiological hemostasis was prolonged by aspirin or clopidogrel, but not by cilostazol. Moreover, an increase in bleeding - time was not observed when cilostazol was co-administered with aspirin or clopidogrel in patients

with peripheral arterial disease (Fig. 2). These results suggest that unlike aspirin or clopidogrel, cilostazol does not affect physiological hemostasis and thus does not increase bleeding risk. Second, cilostazol has an endothelial protective effect and prevents blood - brain barrier disruption in the ischemic brain. This involves up-regulation of nitric oxide, and suppression of adhesion molecules, cytokines, and free radicals.

Additionally, in a murine stroke model, cilostazol has been shown to protect microvasculature in the ischemic brain by reducing matrix metalloproteinase-9 activity. These results support the explanation that the endothelium-protective effect of cilostazol lowers the risk of intracranial hemorrhages. Therefore, cilostazol may be particularly useful in patients with SVD, which is associated with disorganized endothelium due to hypertension and

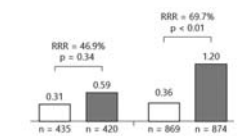


Fig. 3 Subgroup analysis between ischemic stroke subtypes in CSPS2 study. There was no significant difference in the incidence of hemorrhagic stroke between both groups among patients with atherothrombotic stroke, while the incidence of hemorrhagic stroke was much lower among patients with lacunar stroke in the cilostazol than in the aspirin group. RRR, relative risk reduction.

carries a high risk of bleeding when antiplatelets are used. In the subgroup analysis of the CSPS2 study, a significant difference between the cilostazol and aspirin groups was observed with respect to the incidence of hemorrhagic stroke in patients with lacunar stroke (Fig. 3). In another subanalysis that considered patients of blood pressure, the difference in the incidence of hemorrhagic stroke was particularly prominent in patients with systolic blood pressure >140 mmHg than in those with lower blood pressure (Fig. 4). Therefore, cilostazol seems to be safer than aspirin in terms of the risk of hemorrhagic stroke, especially in hypertensive, SVD patients.

Remaining part of this study would be published in June 15-30 Edition.



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Nutritional need in ramadan

KARACHI - Pakistan Nutrition and Dietetic Society organized a program on Nutritional need in human body, with the support of Otsuka Pakistan in Karachi recently.

A large number of nutritionists and healthcare professionals attended the program. Dr Tala Raza of Otsuka Pakistan describe the nutritional need in human body specially in Ramdan.

President Pakistan Nutrition and dietetic society Ms Fayaza khan conducted this program, while Sabeen Siddiqui , SIUT, Noor Zehra gave presentations.

The session was followed by a panel discussion and a large number of questions were asked. Sabeen Siddiqui said that low protein diet affects the body and suggested that a balanced diet must be taken during

Ramadan.

Noor Zehra stressed on balance diet with addition of protein and calcium. She said that the stone diseases are increasing day by day due to ignorance.

Mr Khalid Muneer head of Sales Otsuka appreciate the efforts of his team in creating awareness about the diseases.

Mr Muhammad Arshad Marketing

manager thanked all participants and assured that Otsuka will continue its support for scientific learning.



Fraudulent medical training ... Continued from page 08

the fray to benefit from this lucrative business. Sources say that rates vary depending upon the complexity of the job. The highest rate is reserved for those jobs where neither data nor any other material is supplied by the TMO. Fictitious data is used, discussion plagiarized and a ready-made dissertation is handed to the TMO. The dissertation is submitted to the CPSP, the FCPS-II examination taken and if passed, a specialist doctor is ready to serve the masses.


The Higher Education Commission (HEC) introduced the concept of plagiarism screening in Pakistan. It professionally screens articles for plagiarism and red flags are raised if more than 19 percent similarity index is met. It is surprising and unfortunate that the College of Physicians and Surgeons does not do any plagiarism screening. This is alarming given the huge trust that the public puts in the doctors certified by the CPSP.

Some senior doctors concerned at this state of affairs have written to the PGMI requesting it to take notice. The PGMI unfortunately has almost always turned a blind eye to such concerns. A senior doctor on the condition of anonymity said that personal letters were written to the PGMI after noticing plagiarized articles but no reply was received.

Senior faculty concerned at the dismal state of affairs have many a times suggested to the CPSP to at least publish the submitted dissertations on its website so that these can be open to review. The CPSP for reasons best known to it refused to do so. To some, this might suggest that the CPSP could be aware of the situation but does not want to tackle it. Instead it wants to keep it under wraps.

It is in interest of the public that the CPSP and PGMI Peshawar take urgent notice of the situation. They should at their own level constitute inquiries to look into these allegations of irregularities and if found true take strict action. Perhaps they can also request investigative agencies such as FIA to help probe the matter.

The CPSP should introduce mandatory plagiarism screening for all the dissertations that it receives from the TMOs. It should also pay heed to the suggestions to publish the same on its website so that they are available for the medical fraternity to review. The reputation of the CPSP is at stake here and it must take cognizance of the situation.



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A Sign of Japanese Commitment to Better Health

TB Treatment and ...**Continued from page 03**

tuberculosis according to international standards for tuberculosis care. The AKU Mycobacterial Laboratory is the only Supranational Reference Laboratory for TB in the country. The role of National and Provincial TB Control Programs in engaging private institutions through Public Private Mix (PPM) strategy is commendable". TB is a bacterial infection that most commonly affects the lungs. However, it can also affect any part of the body such as the kidneys, eyes, joints, spine, and brain. TB is a curable disease but can be fatal, if not detected and treated properly. TB poses a major public health challenge in Pakistan. In 2015 Pakistan was ranked fifth amongst TB high-burden countries worldwide

according to the World Health Organization (WHO) and accounted for 61% of the TB burden in the WHO Eastern Mediterranean Region.

DUHS organizes seminar ...**Continued from page 04**

medico legal services, and another reason for weakness of the medico-legal system is the deficiency of forensic laboratories in Pakistan. During the open forum for discussion, medico-legal officers showed their concerns as they do not have access to the crime scene and evidences found there, therefore they have to rely on whatsoever is brought to them, and due to lack of centers and appropriate training, problems are being encountered by the medico-legal system to provide justice on time.

Sania Nishtar defeated at ...**Continued from page 06**

Ethiopia from 2005-2012. He has also served as chair of the Board of the Global Fund to Fight AIDS, Tuberculosis, and Malaria; as chair of the Roll Back Malaria (RBM) Partnership Board, and as co-chair of the Board of the Partnership for Maternal, Newborn and Child Health. Hours after Dr Tedros Adhanom Ghebreyesus's victory, Sania Nishtar tweeted: "Thank you to my supporters, I'll keep fighting for transparency, accountability & (and) integrity, I know you'll join me." She added: "Congratulations @DrTedros on becoming Director-General of @WHO and @davidnabarro (Britain's David Nabarro) for a hard-fought election." When she was nominated for the top WHO job, the

Pakistan health ministry had said Dr Sania Nishtar's 10-point agenda gave her prominence among the candidates. She had herself stressed the transparency and accountability in all areas of work.

Pakistan government in its note for Dr Nishtar had called her a 'uniquely suited person who can lead the technical agency with her strong professional background.' "Dr Nishtar (a former minister) has a unique combination of experience as a minister, civil society trailblazer, a leader in multilateral institutions, physician scientist, thought leader, and founder of institutions," stated the government's note. Dr Tedros Adhanom Ghebreyesus will take over on July 1 to replace Margaret Chan, a Hong Kong native whose tenure was marred by WHO's largely criticised response to the Ebola epidemic in West Africa.

Another official at the foreign ministry said Nishtar's defeat was shocking but not unexpected. "We always knew there could be only one winner. The other two were also strong candidates. We did all we could for her victory but we do have positives from it. It cannot be called a failure. The African Union has more than 50 members who also played a role in Dr Tedros Adhanom Ghebreyesus' win," he added.

The official said the hostile countries could never be expected to support Pakistan so they would have tried to influence the fence sitters. He said Nishtar's nomination from a pool of candidates was a success for Pakistan and "we hope we will win such important seats in the future."

Analysts Jehangir Ashraf Qazi said the terrorists had tarnished Pakistan's image over the years and it could be one reason behind Nishtar's defeat.

"She had this, we can say, the disadvantage of being a Pakistani. These days people (around the world) do have a skeptical view about us. Nishtar was a good candidate and could have possibly won," Qazi said. He said the AU was another factor. "Once they (the AU) announce that someone is their joint candidate, it means that candidate already has around 55 votes. This is a huge plus. Pakistan did not have that luxury," he added.

He said every Pakistani wanted Nishtar to win but after all Dr Tedros Adhanom Ghebreyesus was also not a bad choice as he had been active in the field of health.

Pakistan to have closer ...**Continued from page 07**

province. These number will be further increased next year," he added. The Turkish Health Ministry is also assisting the Punjab government in the renovation of Jinnah Hospital -- the largest public sector hospital in Lahore, he added.

Dissent about upgradation of ...**Continued from page 08**

not be influenced by political pragmatism. A UHS board member felt strongly that these new universities cannot reach the standard of UHS even in decades. The UHS has gradually risen to this level of expertise since its inception in 2002. Secretary Health Punjab Najam Ahmed Shah however strongly feels "this hue and cry is mainly by 'Monopolies' as their future is becoming limited to private medical colleges." And PML-N Punjab government's decision, he contended, to upgrade medical colleges in Rawalpindi, Multan to universities would take away all the good work achieved by University of Health Sciences (UHS) established since year 2002 to carry out these tasks in the discipline of health sciences in the Punjab. Even UHS, all through these years, is till date unable to introduce any post-graduation as its role is confined to an examination body.

Civil Hospital introduces ...**Continued from page 09**

He informed that since the outbreak of Chikungunya in the city, the blood samples of patients affected by this viral fever were being sent to National Institute of Health, Islamabad for investigation, but the administration has started IgM ELISA testing which is considered a quality test for detection of this viral fever.

He said 10 to 12 tests were being conducted in the hospital each day. He said a patient with Chikungunya viral fever can be diagnosed within two hours. He said all kind of diagnostic and treatment facilities are available in Sindh's largest teaching hospital.

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She also appreciate Otsuka services in providing local data on needlestick injuries to healthcare providers in printed form and wall mountings besides provisions of syringe cutter in various hospitals of the country.

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