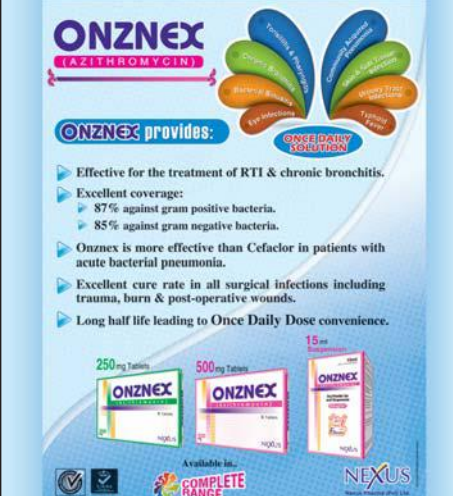


# Medical News

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Karachi

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**Inside** » Health boost through Chinese ... **04** | » CTC launches report on ... **07** | » Irrational Drugs prices **07** | » 7.5m euros German grant to ... **09**

## Protecting children against diseases through vaccination, top priority: minister

### MN Report

**ISLAMABAD** -The government is making all out efforts for increasing equitable coverage and protecting children against ten life- threatening diseases for which vaccination is available free of cost in the routine immunization schedule, this was stated by Federal Minister for National Health Services Saira Afzal Tarar.

In a statement issued to mark the World Immunisation Week being celebrated from April 24 to 30 to promote the use of vaccines to protect people against vaccine-preventable diseases, the minister said that "Immunisation is a right of every child and the government is fully committed



to vaccinate all children not leaving a single child un-vaccinated.

"However, it's a collective responsibility that demands collective action on part of all stakeholders ranging from individuals to communities, civil society organisations to partner agencies, government departments and health workers. Together we can make a difference to protect each and every child and ensure health Pakistan,"

the minister said.

The Ministry of National Health Services Regulations and Coordination secretary said that the government had been working very hard for strengthening equitable coverage of routine immunisation and mitigating the challenges of disparities among the provinces.

"Investment in the cold chain and capacity building of healthcare providers and involvement of Lady Health Workers in routine immunisation are some examples," he said.

The Ministry of National Health Services Regulations and Coordination Health director general said: "A strong immunisation system is an integral part of a

*Continued on Page 10*

## Chikungunya outbreak in Balochistan to be investigated by WHO

### MN Report

**QUETTA** - The outbreak of Chikungunya in Balochistan will be investigated by WHO and the Ministry of National Health Services, Regulations and Coordination of Pakistan conducted an intensive house-to-house investigation over the past few weeks to confirm an outbreak of chikungunya fever in Balochistan province in Pakistan where it has been reported for the first time.

The investigation was carried out in response to a sudden rise in the number of cases of acute febrile illness in Gwadar city in Balochistan. The number of suspected chikungunya cases reported in Balochistan as of 19 April stands at 1962. A total of 28 blood samples have tested positive for chikungunya so far.

Pakistan's first-ever cases of chikungunya were reported in December 2016 in Karachi city in Sindh province. Between 19 December 2016 and 14 April 2017, a total of 1419



*Continued on Page 10*

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## 'No public hospital of city equipped to deal with haemophilic emergency cases'

### MN Report

**KARACHI** - In line with events held to commemorate World Haemophilia Day, observed annually on April 17, a seminar held on the other day aimed to attract the provincial government's attention to the plight of haemophiliacs in Sindh and urge the authorities concerned to make prompt efforts to address the challenges.

An inherited genetic disorder, haemophilia impairs the body's ability to stop bleeds in case of an external or internal injury, causes easy bruising and increases the risk of bleeding inside weight-bearing joints such as elbows and ankles among others, as well as the brain.

*Continued on Page 10*

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# The efficacy and safety of cilostazol for the secondary prevention of ischemic stroke in acute and chronic phases in Asian population- anupdated meta-analysis

By LiGen Shi JiaLi, Pu Liang Xu, Jay, Malaguit Jianmin Zhang and Sheng Chen

First Part of this study has published in April'17 issue

### Results

We retrieved 763 records after the initial search strategy that scanned for title and abstract. A further 753 records were excluded either for unrelated to the study question or not a RCT, resulting in 10 papers for further assessment. Another 4 records have been excluded from this analysis for the following reasons: meta-analysis record, cilostazol and aspirin combined therapy, irrelevant outcomes, and duplicate data. Finally, six RCTs on the basis of the inclusion criteria (Figure 1) were

included with a total of 5491 patients. **Study characteristics** The main characteristics and outcome events of the included RCT studies are listed in Table 1. The six RCTs, combined, enrolled 5491 patients including 965 patients in acute phase and 4526 patients in chronic phase of ischemic stroke. All the patients come from an Asian background, such as Japan, China, and Korea. The age of patients ranged from 59.4 to 66.6 years old. The follow-up time for the acute phase of ischemic stroke was 3 months, with the follow-up time for the chronic phase ranging from 1 to 5 years.

**Outcomes analysis** For all analysis pertaining to efficacy and acceptability, no evidence exists for the between-study of heterogeneous ities assessed by Cochrane I2 statistic (data not shown). No significant publication bias was shown in the funnel plots (data not shown). **The efficacy and safety of cilostazol in chronic phase** Results for this analysis and the quality of this evidence were presented in Table 2. For the analysis of the efficacy and safety of cilostazol in chronic phase, all 4526 patients from all 4 studies were available (1067 patients from 1 study

randomized to cilostazol or placebo, and 3459 patients from 3 studies to cilostazol or aspirin). In the placebo-controlled study, cilostazol therapy reduced the ROCI by 47% (RR 0.53, 95% CI 0.34 to 0.81,  $p = 0.003$ ), and showed similar

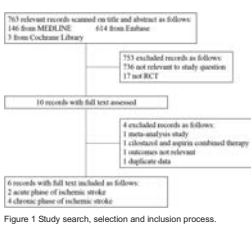


Figure 1 Study search, selection and inclusion process.

Table 1 Characteristics of the included studies and outcome events

Articles	Country	Therapeutic	Inclusion criteria	Drugs	Age	Male percentage (%)	Dose	ITT population	Duration	ROCI %	HSSH %	mRS	ACD %
Goshima 2008	Japan	103 clinical	Central infarction	Cilostazol 60 mg BID	64.6	44.6	100 mg twice daily	533/587	1.5 years	5.7	0.8	1.7	1.7
Huang 2008	China	Multiple	Central infarction	Placebo	61.1	84.3	100 mg twice daily	334/387	1.5 years	10.8	1.3	1.9	1.9
Gao 2009	China	Single	Central infarction	Cilostazol 60 mg BID	62.3	87.5	100 mg twice daily	345/398	1 year	5.9	0	0	0
Shimohara 2010	Japan	270 clinical	Central infarction	Placebo	62.9	11.2	100 mg twice daily	249/292	3 years	2.9	2.9	1.9	1.9
Lee 2011	Korea	12 clinical	Central infarction	Cilostazol 60 mg BID	61.1	64.1	100 mg twice daily	231/268	90 days	2.2	0	16.3	16.3
Shimohara 2013	Japan	10 clinical	Central infarction	Placebo	61.1	10.5	100 mg twice daily	221/268	90 days	4.0	0	16.3	16.3
Shimohara 2013	Japan	10 clinical	Central infarction	Cilostazol 60 mg BID	61.1	10.5	100 mg twice daily	221/268	90 days	1.2	0	16.3	16.3

Table 2 Analysis and quality of the evidence using GRADE for efficacy and safety outcomes

Outcome	No. of participants (studies)	Relative effect (95% CI)	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Quality of the evidence (GRADE)
1. Subgroup Analysis: Cilostazol compared to Aspirin for the Secondary Prevention of Stroke in the Chronic phase								
ROCI	3459 (2 studies)	RR 0.53 (0.34 to 0.81)	No serious	No serious	No serious	No serious	Undetected	High
HSSH	3459 (2 studies)	RR 0.53 (0.34 to 0.81)	No serious	No serious	No serious	No serious	Undetected	High
ACD	3459 (2 studies)	RR 0.53 (0.34 to 0.81)	No serious	No serious	No serious	No serious	Undetected	High
2. Sensitivity Analysis: Cilostazol compared to Aspirin for the Secondary Prevention of Stroke in the Chronic phase (P < 0.05)								
ROCI	3459 (2 studies)	RR 0.53 (0.34 to 0.81)	No serious	No serious	No serious	No serious	Undetected	High
HSSH	3459 (2 studies)	RR 0.53 (0.34 to 0.81)	No serious	No serious	No serious	No serious	Undetected	High
ACD	3459 (2 studies)	RR 0.53 (0.34 to 0.81)	No serious	No serious	No serious	No serious	Undetected	High
3. Sensitivity Analysis: Cilostazol compared to Placebo for the Secondary Prevention of Stroke in the Chronic phase (P < 0.05)								
ROCI	3459 (2 studies)	RR 0.53 (0.34 to 0.81)	No serious	No serious	No serious	No serious	Undetected	High
HSSH	3459 (2 studies)	RR 0.53 (0.34 to 0.81)	No serious	No serious	No serious	No serious	Undetected	High
ACD	3459 (2 studies)	RR 0.53 (0.34 to 0.81)	No serious	No serious	No serious	No serious	Undetected	High

GRADE Summary of Evidence: HSSH: Hemorrhagic Stroke; ROCI: Relative Risk of Ischemic Stroke; ACD: Acute Cerebral Disruption; mRS: Modified Rankin Scale; RR: Relative Risk; CI: Confidence Interval; P: P-value; N/A: Not Applicable.

incidence in the HSSH (RR 0.57, 95% CI 0.17 to 1.94,  $p = 0.37$ ) and ACD (RR 0.90, 95% CI 0.37 to 2.20,  $p = 0.82$ ). These data were not shown in the tables or figures. In the aspirin-controlled studies, cilostazol therapy was associated with an in significant 18% reduction in the ROCI (RR 0.82, 95% CI 0.62 to 1.08,  $p = 0.15$ ; Figure 2A), and a 71% reduction in the HSSH (RR 0.29, 95% CI 0.15 to 0.56,  $p = 0.0002$ ; Figure 2B) with no significant difference in the ACD (RR 0.80, 95% CI 0.42 to 1.53,  $p = 0.51$ ; Figure 2C). In order to detect whether the consolidated results were influenced by one study with a large population, we performed the sensitivity analysis to confirm that the results were stable (Table 2). The efficacy and safety of cilostazol in acute phase For the analysis of the efficacy and safety of cilostazol in acute phase, 965 patients from 2 studies were included (507 patients from 1 study randomized to cilostazol or placebo, and 458 patients from 1 study to cilostazol or aspirin). In the placebo-controlled study, cilostazol therapy showed no significant efficacy in the ROCI (RR 0.76, 95% CI 0.17 to 3.38,  $p = 0.72$ ), and a similar result in the HSSH (RR 1.02, 95% CI 0.14 to 7.18,

$p = 0.98$ ). In the aspirin-controlled study, cilostazol therapy was associated with no significant efficacy in the ROCI (RR 0.55, 95% CI 0.19 to 1.60,  $p = 0.27$ ), and showed the similar incidence in the HSSH (RR 0.20, 95% CI 0.01 to 4.12,  $p = 0.30$ ) and ACD (RR 2.95, 95% CI 0.12 to 72,  $p = 0.51$ ). No significant difference existed between cilostazol therapy and placebo or aspirin groups in the mRS (data not shown). **Risk of the bias** For allocation concealment, risk of bias was high in one study and unclear in another one. For blinding of participants and personnel, risk of bias was high in one study. For blinding of outcomes assessment, risk of bias was high in one study. Except these four items, no high risk of bias was observed in any of the other items (Figure 3). **Discussion** The present systematic review and meta-analysis, including 6 RCTs in 5491 patients, evaluated the efficacy and acceptability of cilostazol for the secondary prevention of ischemic stroke. Our results suggest that cilostazol therapy leads to a significant reduction in ROCI compared to placebo, and a lower incidence of the HSSH compared with aspirin in the chronic **Continued on Page 11**

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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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# BEAT THE HEAT



## HEAT ILLNESS

Heat illness is a continuum from mild heat cramps to more serious heat exhaustion and life threatening heat stroke.

### Heat Cramps / Exhaustion Symptoms

- |  |                       |
|--|-----------------------|
| 1 Painful skeletal muscles spasm (usually abdomen, arms or legs) | 5 Warm and moist skin |
| 2 Heavy sweating, tired & thirsty                                | 6 Fatigue – weakness  |
| 3 Irritability   | 7 Headache            |
| 4 Nausea / vomiting  | 8 Dizziness           |



## FIRST AID / MANAGEMENT

- |  |  |
|--|--|
| 1 Move to a cool place (e.g. cool shady area, air-conditioned environment) | 3 Massage muscle gently to ease spasms       |
| 2 Lie down with legs supported and slightly elevated                       | 4 Have sips of cool water                    |
|  | 5 Loosen clothing, have a cool shower / bath |

## HEAT STROKE

Heat Stroke is the most severe form of heat illness and life threatening. It is the result of long extreme exposure to the sun, in which a person does not sweat enough to lower body temperature.

### A PROACTIVE APPROACH

- Recognize early signs of heat stroke
- Initiate proper cooling and resuscitative measures
- Be aware of risk and protective factors in heat related illness.

### Symptoms

- 1 High body temperature (more than 40°C)
- 2 Hot, dry skin (sweating may be absent)
- 3 Throbbing headache
- 4 Dizziness
- 5 Rapid strong pulse at first, then weaker



- 6 Altered mental state, e.g. confusion, disorientation, may lead to unconsciousness.
- 7 Fits / Seizures

## MANAGEMENT OF HEAT STROKE

- Get the person to a shaded area
- Have the person lie down in a cool area with feet slightly elevated
- Remove outer clothing (especially shoes / socks / caps)
- Apply cool water to the skin followed by fanning to stimulate sweating
- May require applying ice packs / immersion in ice cold water

Intravenous (IV) fluids are often necessary to compensate for fluid or electrolyte loss. Bed rest is generally advised and body temperature may fluctuate abnormally for weeks after heat stroke.



This information is given as public service message from Otsuka Pakistan Limited, manufacturer of IV Solutions.



**A Sign of Japanese Commitment to Better Health**

# Health boost through Chinese food supplement in Pakistan

## MN Report

**KARACHI** - A leading Chinese firm has launched programmes for food supplements to help the malnourished population as well as improve their lifestyle by providing them extra hygienic items with good nutritional value. According to the press release, it is a noble aim initiated by China, which has taken the world by storm because of its super energy and determination to grow as a great nation, the project, celebrating its first anniversary this year, already has yielded results. In years to come, when the Chinese Company, DXN Holdings Berhad will be

ready with its long term plans, Pakistani's health standards will surely witness a tremendous change. Drawing clue from the general Chinese health standards, and longevity of their age factor, it could be easily summarized that the company which has projects to build its own farming land, and factories in parts of Pakistan, will bring a health revolution in a country, bogged down by poor hygiene standards, malnutrition, individual or collective neglect. Seen in this backdrop, the DNX Holdings Berhad's plans assume special significance. Its Chief

Executive Officer Teoh Hang Ching is in Karachi to exchange notes with businessmen, Chamber of Commerce of Karachi, the Federation of Pakistan Chambers of Commerce and Industry, Ministry of Commerce, Industries, in Islamabad and in Sindh and other areas of the country, to weave a network of its projects in the country. Teoh listed some particular products like Gaino, Darma, Lux Xi, treated as kings of herbal, and mushroom growth which has tremendous vitamin and nutrition power. Spurilina, is a complete food, whose marketing from marks through distributors, are on



cards. Teoh, a profoundly loving man, extremely courteous, and man of deep insight, has rich experience, of serving in different regions of the world. His presence in Pakistan will be of immense value for Pakistanis looking for improving their and children's health. Their products will also be a great help to Pakistani government, who find it difficult to execute their plans for want of resources,

or other handicaps.. He said that Pakistan has a tremendous potential to benefit from his company's plans, which wishes to invest 1 million US dollars in farming, and another 1 million US dollars in raising the production plant. He relies particularly on deep friendship with Pakistan, which will benefit him and the host country much more, compared to such ventures in other countries of the world.

**Continued on Page 14**

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## 320 more chikungunya cases emerge from Karachi

### MN Report

**KARACHI** - As many as 320 more Chikungunya viral fever cases were reported in Karachi city in a week, taking the patients toll to 1,903 in the city since 1st January 2017.

As to weekly report issued by Health Services, Karachi, Government of Sindh, at least 320 Chikungunya viral fever cases have been detected throughout Karachi city from April 17 to April 24, 2017. A total 1,903 Chikungunya suspected cases had been reported since January 2017, out of which 182 tested positive of total 221 blood samples sent to National Institute of Health, Islamabad for investigation.



In the city, out of the total 1,903 Chikungunya fever cases, 1160 were reported in April (758 from Bin Qasim), 282 in March, 461 in January and February. Since December 19, 2016, a total 2,306 Chikungunya suspected cases had been reported across Karachi to date. The Chikungunya cases are being reported from Sudaabad, Liaquatabad, Malir, Orangi, Kimari, Bin Qasim and Lyari Town.

Experts said chikungunya is rarely fatal, while the death rate of the disease-affected people is less than one per cent. 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.



# 27% deaths in children can be prevented through vaccination

## MN Report

**KARACHI** - 'As the world marks global immunization week, Pakistan is battling with very low coverage of immunization and vaccination, with Sindh standing at less than 30 per cent coverage,' revealed by health experts during a press briefing.

President, Pakistan Pediatric Association (PPA), Sindh, Prof Jamal Raza, has said that vaccines play a major role in eliminating and preventing diseases. "Without vaccines, epidemics of many preventable diseases could return, resulting in increased and unnecessary illness, disability, and death," he added.

He said vaccines are available free of cost at EPI centers so parents can get their children vaccinated from there to take protection from unnecessary suffering.

Secretary General, PPA Sindh, Dr Khalid Shafi, said that 27 per cent deaths in children under five can be prevented through vaccines. "It is high time to increase the reach and scope of EPI," he added. He said that the EPI program is being run for past 32 years, yet awareness in general public about the program is very low. "People need to be educated about the importance and availability of vaccines at EPI centers," said Dr Khalid.

President, PPA, Karachi, Prof Jalal Akbar, said immunization



is a proven tool for controlling and eliminating life-threatening infectious diseases and it is one of the most cost-effective health investments. "Vaccines protect children by preparing their bodies to fight many potentially deadly diseases. They are responsible to control many infectious diseases that were once common around the world, including smallpox, polio, measles, diphtheria, pertussis (whooping cough), rubella (German measles), mumps, tetanus, and Haemophilus influenzae type B (HIB)," said Jalal.

Dr Mushtaq Memon said vaccines are considered second only to clean drinking water in controlling infectious diseases. "Immunization is one of the most successful and cost-effective health interventions that prevent 2 to 3 million deaths every year," he added. To the question of why there is a need for vaccination, Dr Mushtaq said every year, globally, pneumonia kills an estimated 1.2 million children

under the age of five years, more than AIDS, malaria and tuberculosis combined. Rotavirus gastroenteritis is estimated to cause more than half a million child deaths. Two billion people are infected with Hepatitis B virus and about 780,000 people die. All of these can be prevented through vaccination and immunization," added Dr Mushtaq.

Director, Child Survival Program, Sindh, Dr M.N Lal, said globally 17 per cent of deaths in under-5 age group are due to Vaccine Preventable Diseases. "Measles vaccination resulted in a 75 per cent drop in measles deaths between 2000 and 2013 worldwide, while illnesses and complications caused by influenza can be reduced by up to 60 per cent, and deaths by 80 per cent, in elderly patients," said Dr Lal. He said polio cases have been reduced by 99 per cent from over 300,000 per year in 1988 to less than 650 cases in 2011. Smallpox was eradicated globally in a time span of 10 years.

It is worth adding here that EPI was launched in Pakistan in 1978 and currently it is providing vaccinations against 9 diseases including tuberculosis, poliomyelitis, diphtheria, pertussis, tetanus, measles, hepatitis B, Haemophilus influenzae type B (Hib) & Pneumococcal disease.

## Early detection of oral cancer in saliva possible: Prof Iqbal Khyani

### MN Report

**KARACHI** - Prof Dr Iqbal Khyani, a medical graduate from Dow Medical College (DMC) conferred PhD degree on his original study Thesis titled "Early detection of oral cancer in saliva".

He has the honour of being the first PhD in Pakistan in the field of ear, nose, throat and head and neck surgery. He did this research in our country because oral cancer is at rise and an alarming numbers of cancers are detected in younger age group due to increasing use of betel nut (Chalia), betel quid (Paan, Ghutka, Mawa, Manpuri). Majority of our patients present late, at advanced stages for diagnosis and treatment due to misconception. They seek advice from alternative healers under the influence of advice from friend and relative. As they present late to ENT surgeon, the results of the treatment are not good and there are chances of increased deformity, compromised quality of life and increased cost of treatment.

Prof Iqbal Khyani is a medical graduate from Dow Medical College (D-88), a premier medical institute of Pakistan, in 1988. He did his minor diploma in Ear, Nose and Throat (D.L.O.) from University of Karachi in 1992. He did fellowship in Ear, Nose, Throat, Head & Neck Surgery (FCPS) from College of Physicians and Surgeons, in March 2000 and fellowship in Otorhinolaryngology (FRCS) from Royal College of Surgeons-Ireland, in April 2003.

He had special training abroad in ear surgery (Otolgy) especially cochlear implant, Head & Neck Surgery especially for oral cavity, salivary glands and laryngeal cancer surgery and Functional Endoscopic Sinus Surgery (FESS), a latest treatment approach for chronic rhino sinusitis and nasal polyps. Presently he is working as Professor of ENT at Dow Medical College of Dow University of Health Sciences, Civil Hospital Karachi, Pakistan.

## SACP and UNAIDS hold an experts session on HIV/AIDS

### MN Report

**KARACHI** - Health Experts urged the national policy makers to utilize more resources in Karachi, Lahore and Faisalabad for prevention of HIV/AIDS patients to reduce its prevalence in Pakistan. These views were shared by experts during the "Interactive Session with health reporters on HIV/AIDS and their role in creating enabling environment to achieve three 90s" organized by Sindh AIDS Control Program (SACP) in collaboration with United Nation Program on HIV/AIDS (UNAIDS). UNAIDS Country Director for Pakistan and Afghanistan, Dr Mamadou Sakho, urged the national

and provincial health policy makers to utilize more funds on three major cities of Pakistan including Karachi, Lahore and Faisalabad for prevention, care, and treatment services. He said this will help to control the prevalence of HIV/AIDS in the country in future. He informed that over 40 per cent HIV/AIDS patients are in Karachi and allocation of more funds for prevention and treatment of patients can bring down prevalence ratio in the country. He said governance, accountability and transparency should be maintained for achievements of targets. He supported the positive engagement of the Program with people living with HIV/AIDS and the most-at-risk population. He

appreciated the work of the program manager SACP. Program Manager, SACP, Dr Muhammad Younis Chachar, while briefing the media, said SACP has decided to open seven new HIV Treatment Centers across the Sindh province to cater HIV/AIDS patients at regional level. He said HIV Treatment Centers will be opened in Jinnah Postgraduate Medical Center (JPMC), Abbasi Shaheed Hospital (ASH), Sindh Government Lyari General Hospital, Mirpurkhas, Sukkur and Nawabshah, while Prevention of Parent to Child Transmission (PPCT), centers will also be setup in these HIV treatment centers. He further informed that family health centres will be

setup in 24 districts of Sindh province for awareness, treatment and diagnosis of HIV/AIDS patients, while 378 family health awareness centres will be established in Rural Health Centers (RHCs), Basic Health Units (BHUs) and Dispensaries of the province in order to create awareness about HIV in general public. Dr Chachar said according to new survey an estimated 56,000 HIV/AIDS infected people are living in Sindh province. He said SACP had registered 11,464 cases across the province since 1995 out of which 11,225 were HIV positive and 239 were AIDS patients. He said efforts were underway to register remaining cases through public awareness, media campaigns with

coordination of religious scholars. He said major high risk groups of HIV/AIDS prevalence include long distance truck drivers, female sex workers, transgender sex workers, men having sex with men (MSMs), injecting drug users (IDUs), jail inmates, children born to infected parent, street children and victims of unsafe medical procedures. Senior Program Officer, National AIDS Control Program, Dr Sofia Furqan, stressed the need of coordinated efforts to control the prevalence of HIV/AIDS in the society. She urged media groups to play its due role for creating awareness in general public.

# AKUH & KDSP introduce “One Stop Health Solution”

## MN Report

**KARACHI** - The Aga Khan University Hospital (AKUH) has collaborated with the Karachi Down Syndrome Program (KDSP) to offer the first of its kind, 'one stop health solution', making it easy for parents to bring their children to conveniently see different specialists at AKUH, in one clinic. Up until now, parents in Pakistan would struggle to find the appropriately trained specialists to treat separate health challenges faced by their Down syndrome children, often fleeing from one hospital to another, and finding it's all a wild goose chase. Recently, a team of internationally trained and experienced child specialists practicing at the AKUH, led by Dr Salman Kirmani and Dr Babar Hasan, joined forces with the world renowned Down syndrome expert, Dr Brain G. Skotko, as well as the founder of KDSP, Ali Allawala, and staff, to share best clinical practices for Down syndrome management at a session held in the AKU auditorium. This session was attended by medical professionals and students, Down syndrome

parents and families as well as supporters of the cause. Speaking about the launch, Dr Salman commented, "The new Down syndrome Clinic at the AKUH became possible because of conversations with KDSP. We have been informally working with KDSP for 3 years, and now spreading the word so the medical community is aware and can guide these individuals to the Down syndrome clinics where all their healthcare needs can be met." Ali Allawala said, "I am proud to see the formal launch of the Down Syndrome Clinic at the AKUH, which will not just give people with this condition the treatment they need, but also enhance the skill set of doctors responsible for their care."

While speaking live from Massachusetts General Hospital, Boston, on this occasion of the first Down Syndrome Clinic launch in Pakistan, Dr Brian Skotko said, "According to a research study by the American School of Medical Genetics about self-perceptions from people with Down syndrome, about 99% expressed being happy with their lives", and even though it is challenge and adjustment for

families, "99% of the parents, and 97% of the siblings, love their child/sibling with Down syndrome."

Around the world, one child in every 1000 is born with Down syndrome. Down syndrome is a condition in which babies are born with extra genetic material from chromosome 21. At first many parents are in denial and then those that find acceptance and have the financial means, begin to seek help, only to find that resources in Pakistan are few and far between. KSDP, officially launched in 2014, is run by parents for parents to provide a network of support, information and promote the acceptance of Down syndrome in society. Children born with Down syndrome are at increased risk of certain medical conditions such as congenital heart defects, respiratory and hearing problems, Alzheimer's disease, childhood leukemia, and thyroid conditions. The degree of these conditions varies greatly from child to child. However, many of these conditions are now treatable, and early medical intervention can help people with Down syndrome lead long and healthy lives.



## May 8-13

2nd AKU Orthopaedic Review Course at Multipurpose Hall, CIME Building, Aga Khan University, Karachi

## May 14-16

4th Surgical Week for Endocrine Diseases  
Venue: Najamuddin Auditorium, Jinnah Postgraduate Centre, Karachi

## October 8-13

Vascular International Course  
Clinical International Oncology Symposium at Lahore.

## INTERNATIONAL

## May 3

Masterclass in Imaging of Thoracic Neoplasms, London 2017 at ondon, United Kingdom.

## May 4-6

International Paediatric Dermatology Conference at Dubai, United Arab Emirates

## May 6

Regional Radiology Trends Conference at Abu Dhabi, United Arab Emirates

## May 11-13

Dubai International Conference on Infectious Diseases and Vaccination at Dubai, United Arab Emirates

## More dengue cases surface in Karachi

### MN Report

**KARACHI** - Eleven more dengue fever cases were reported in Karachi, taking the patients toll to 195 in the city since 1st January 2017.

According to weekly report issued by Prevention and Control Program for Dengue in Sindh, as many as 11 new dengue fever cases surfaced in Karachi from April 16, to April 22, 2017, while a total 206 dengue fever cases were reported in Sindh province so far, out of which 195 in Karachi, four in Hyderabad, five in Tharparkar or Mithi and two in Umer Kot. In Karachi, out of the 11 dengue fever cases, one was reported from District Central, five from District South, four from District East and one from District Malir, respectively.



## CHK prepares for a potential heatwave crisis

### MN Report

**KARACHI** - A special contingency plan has been made by administration of Civil Hospital Karachi (CHK), to cater to the heat-wave affected patients more effectively in Sindh largest tertiary care hospital. Focal Person, Civil Hospital Karachi, Dr Abdul Qadir Siddiqui, said a special contingency plan has been chalked out in the light of the 2015 experience, in the wake of possible heat wave related incidents. He informed that pediatrics, neurology and other non-emergency units have been made functional under contingency plan, while repairing of faulty air-conditioners and arrangements of extra-beds have already been started. He said all kind of life-saving medicines are available in

health facility while sufficient budget is also available to purchase necessary drugs throughout Local Purchase (LP) system in case of possible heat-wave. He said Civil Hospital Karachi is one of the biggest tertiary care hospitals in Sindh province and its administration is ready to deal any kind of emergency like situation in this summer. Dr Siddiqui informed that under contingency plan, the patients will be divided in three categories Red (severe ill patients), Yellow (serious but not life-threatening) and Green (walk in patients). He said all three categories patients will be dealt under a proper plan. He said two committees including a medical team and a technical team had also been formed to monitor treatment

**Continued on Page 14**

## 2017 HEALTH DAYS CALENDAR

MAY	SEPTEMBER
5 World Asthma Day	9 International Fetal Alcohol Syndrome Day
8 World Thalassaemia Week	21 World Alzheimer's Day
10 World Move For Health Day	20 World Retina Week
12 World Chronic Fatigue And Immune Dysfunction Syndrome	25 World Pharmacist Day
12 International Nurses Day	26 World Retina Day
17 World Hypertension Day	29 World Heart Day
28 International Day of Action for Women's Health	
31 World No Tobacco Day	
JUNE	OCTOBER
1 World Milk Day	8 World Sight Day
1 International Children Day	10 World Mental Health Day
5 World Environment Day	12 World Arthritis Day
14 World Blood Donor Day	12 World Bone And Joint Week
19 World Sickle Cell Day	15 World Handwashing Day
26 International Day Against Drug Abuse And Illicit Drug Trafficking	16 World Food Day
	17 World Spine Day
	17 World Trauma Day
	20 World Osteoporosis Day
	24 World Polio Day
	29 World Stroke Day
JULY	NOVEMBER
11 World Population Day	1 Lung Cancer Awareness Month
28 World Hepatitis Day	9 World Quality Day
	12 International Diabetes Day
	17 World Chronic Obstructive Pulmonary Disease Day
	26 World Anti-Obesity Day
AUGUST	DECEMBER
1-7 World Breastfeeding Week	1 World Aids Day
	3 International Day of Disabled Persons
	5 World Patient Safety Day

# CTC launches report on enforcement of tobacco control laws

## MN Report

**ISLAMABAD** - According to the report launched by CTC-Pak launched outlining status of enforcement of tobacco control laws in Pakistan, sale of cigarettes to minors remains high nationwide with sales of cigarettes near educational institutions remaining a common occurrence.

The report reinforces the belief that advertisements and youth focused marketing is the main tool used by the tobacco industry to reach teenagers and children. The coalition partners surveyed in the report opined that "Advertising Agencies", "Kiosk or Billboard Owners", "Tobacco Farmers" and "Media Production Houses", were the major front groups used by the tobacco industry to further its interests.

"Tobacco control on the policy front has seen progress in Pakistan with laws and policies put in place consistent with the World Health Organization Framework Convention on Tobacco Control (WHO-FCTC). Unfortunately same cannot be said about the implementation of these policies." Khurram Hashmi, the National Coordinator, CTC-Pak said. "We hope the information provided in the report will contribute to raising the need for effective implementation of tobacco control laws in the country and assist the authorities to identify the areas where immediate attention is needed".

The report contains the results of observations carried out during the last quarter of 2016 by coalition partners of CTC-

Pak in 23 cities and 18 districts of Pakistan. The partners of the coalition were trained and asked to carry out this observations in their areas where coalition partners visited public places; including restaurants, offices, banks, public transport vehicles, commercial areas, cigarette selling outlets and educational institutions in their respective cities through a randomized protocol.

Point of Sale (POS) posters and hangings were the two most commonly used methods of advertisement used by the tobacco industry. Giveaways and neon signs are the second most commonly used methods.

*Continued on Page 14*



# Irrational Drugs prices

## MN Report

**ISLAMABAD** - In a press conference held in Islamabad, Pakistan Drug Lawyers Forum (PDLF) and Pakistan Young Pharmacist Association (PYPA) have alleged that Drug Regulatory Authority of Pakistan (DRAP) has fixed prices of two hepatitis medicines which are much higher than the price demanded by the company.



Talking to the media they revealed that DRAP had reportedly fixed the prices of Daclatasvir and Sofosbuvir 400mg + Ledipasvir 90mg tablet at Rs 162.50 and Rs 1,050 respectively even though the company had demanded that the rates should be fixed at Rs18 and Rs75 respectively.

This is a serious charge and needed to be probed thoroughly by an independent investigator as it amounts to laying hands on pockets of poor patients whose fate is hanging between life and death. Hepatitis is widespread in Pakistan and according to a report the country has second highest prevalence of hepatitis C in the world and that almost every third Pakistani is infected with some kind of hepatitis virus due to water pollution and unsafe medical practices.

There is much slackness on prevention side both on part of citizens and government and therefore, quality treatment at affordable costs becomes very much relevant. It is understood that those who do not have access to clean drinking water can hardly afford to complete treatment course, the cost of which is beyond the absorption capacity of majority of hepatitis victims. Under these circumstances, there is dire need to ensure that prices of hepatitis and other killer disease that are common in Pakistan are brought down.

The government and especially State Minister for National Health Services, Regulations and Coordination Saira Afzal Tarar previously succeeded in bringing down the price of Swaldi tablet, treatment of hepatitis C, for the betterment of a common man.

The allegation of young pharmacists and lawyers clearly show that everything is not right as how can DRAP raise the price of drug more than what is asked by the company. This is not the first time that such allegations have been levelled, as there have been frequent complaints that prices of medicines are exorbitant as compared to other regional countries because of collusion between regulators/health officials and drug manufacturers.

They demanded a judicial probe into all these allegations.

# Health research undervalued and poorly funded: Study

## MN Monitoring Desk

**New Delhi** - The importance of Health research in South Asian countries, including India, is "undervalued, poorly funded", and primarily focused on medical treatment, a panel of sub-continental research leaders has said, highlighting the need for increased funding and strategies to tailor research to disease priorities.

The panel, including Soumya Swaminathan, director-general of the Indian Council of Medical Research (ICMR), and her counterparts from Bangladesh, Nepal, Pakistan and Sri Lanka, has also said the demand for health research by political leaders and the public across the subcontinent is weak.

The per capita expenditure on health research in the seven South Asian countries is 36 to 714 times lower than the UK's spending, the researchers said in a paper this week in the British Medical Journal.

India's per capita health research spending was about \$4.17, 1.5 times lower than China's \$6.60, 36 times lower than UK's \$150 and 81 times lower than America's \$340, the researchers wrote, citing latest available data from 2010 and 2012.

The study has also cited the results of a 10-year assessment that found health research papers per head from South Asian countries substantially lower than from Brazil or China and much lower than from high-income countries

such as the UK or the US. (See chart)

"It is intriguing that health research is valued the least in these (South Asian) countries where it is needed the most," said Lalit Dandona, distinguished research professor at the Public Health Foundation of India, a research think-tank based in New Delhi and member of the panel.

"Increasing funds for health

research is crucial - we need to articulate a case for research and its benefits," he said.

Dandona and his colleagues had in earlier research identified what appeared to be a dearth of research in India assessing population-based interventions for some leading contributors of India's disease burden such as chronic obstructive pulmonary disease, cardiovascular disease, depression, or tuberculosis.

"We detected a mismatch between disease burden and research trends," Dandona said.

The panel, in its call for higher research funding, has also pointed out that public health

research across South Asia is scarce because medical aspects of healthcare have been "overemphasised at the expense of mechanisms for health promotion and prevention".

An earlier analysis had indicated that only about 5 per cent of peer-reviewed research papers from institutions across India - a measure of research output - dealt with promotional and

*Continued on Page 14*

## STATUS SHEET

Health research papers per million people in 2002-2011

	All fields	Health research
India	258	42
Pakistan	144	31
Bangladesh	49	14
Nepal	78	39
Sri Lanka	170	54
Brazil	1195	362
China	701	86
UK	13668	4343
US	10226	3341



# PMA demands ban on aerial firing in Pakistan

## MN Report

**KARACHI** - Pakistan Medical Association (PMA) has always shown its concern over the basic right of life and health of the people of our country, whenever it is violated.

Secretary General, Pakistan Medical Association (Centre), Dr SM Qaisar Sajjad, in this regard we want to draw the attention of the government towards nuisance incidents of jubilant aerial firing occurring all over Pakistan. As a result of this firing innocent people die or get injured.

"Over the years, the trend of aerial firing, on chand raats, New Year's Eve, Independence Day, Weddings ceremonies, and victory celebrations especially by political parties and other celebrations, has gotten stronger. This celebratory firing results in grief for others, killing and injuring innocent people. The survivor of this firing mostly suffers from paralysis. This is all due to the negligence of our institutions, which are responsible for protecting lives of people of Pakistan", he added.

He asked how long will the citizens continue to suffer from these merry-makers. It is time to get rid of this menace. The authorities concerned had never taken it seriously and they never came up with a zero tolerance policy for celebratory gunfire.

He informed that PMA had already written a letter to the Chief Justice of Pakistan requesting him to take suo-moto notice of the situation in this regard.

He said this is entirely the responsibility of the Government to protect the lives of the people of Pakistan, so we demand from the government to ban this ugly tradition of aerial firing for any celebration to save the lives of the innocent people.

# Digital Subtraction Angiography Unit to be setup at Trauma Centre

## MN Report

**KARACHI** - Pakistan's first Digital Subtraction Angiography (DSA) Unit will be set up at Shaheed Mohtarma Benazir Bhutto Accident, Emergency & Trauma Centre very soon.

Focal Person, Shaheed Benazir Bhutto Trauma Centre, Syed Aamir Raza Abidi, said administration is planning to setup Digital Subtraction Angiography Unit at Trauma Centre for cardiovascular and vascular diseases patients. He said DSA is a type of fluoroscopy technique used in interventional radiology to clearly visualize blood vessels in a bony or dense soft tissue environment.

He said state-of-the-art equipped had been installed, while hiring of consultants is underway to start angiographies, angioplasties, arteries and stents fixation through advance technology. He said two Pakistanis consultants, currently working in foreign countries in contact with administration and they will join DSA Unit soon after finalization of contract. He said DSA Unit is likely to open for public in the end of June 2017.

# Senate body takes notice of 'fake' surgeon's photo

## MN Report

**ISLAMABAD** - A picture circulating on the social media for over a year was taken note of by the Senate Standing Committee on National Health Services (NHS) where a man wearing a vest is shown conducting a surgery on a patient.

committee directed the Pakistan Medical and Dental Council (PMDC) to submit a report on the matter. The issue was raised by MQM Senator Mian Ateeq.

the discussion it was pointed out that laboratories and clinics were in pathetic condition and unqualified people ran medical centres.

Senator Ateeq showed members the picture and asked how a doctor can conduct an operation in a vest.

"According to my information, the person who claims to be a physician and surgeon belongs to Jhang," he said.

Committee Chairman Sajjad Hussain Turi said it was a very serious issue and should be investigated.

Though the acting registrar of the PMDC, Dr Azhar Ali Shah, assured the committee that the council would inquire about the 'doctor', Director General

Ministry of NHS Dr Asad Hafeez said the council cannot address such issues unless it is strengthened through legislation.

"The PMDC cannot take action against quacks unless someone lodges a report with it. A number



of homeopaths and dispensers have been posing as MBBS doctors but the PMDC cannot take action against them as it does not have magisterial powers," Dr Hafeez said.

He suggested that not only legislation should be done to strengthen the PMDC but a council should also be established to look into the irregularities in the health sector. Senator Azam Swati of the PTI intervened and said no one knew better the situation of the health sector than him because he had been working for the betterment of the sector for years.

"Thousands of people have fake medical degrees and diplomas

and are earning millions of rupees on the basis of such bogus documents. There is a huge scam involving fake diplomas and a sitting senator is behind it," he alleged.

"It is unfortunate that one could get a diploma of any field from

institutes where no more than three or four people worked," he said.

he had submitted a bill to the house proposing that the punishment for quackery should be increased from the current Rs200,000 fine and six months imprisonment.

"People have opened laboratories in small shops

and even in bathrooms. I suggest that there should be a death penalty for those found playing with the health of the citizens," Senator Swati said. Senator Ateeq agreed that the punishment for quackery should be increased but he pointed out that well-known teaching hospitals were also violating the rules.

He informed the meeting that being a member of the NHS committee he visited a number of teaching hospitals but could not see a single patient getting free of cost treatment.

According to the PMDC rules, teaching hospitals should provide free of cost treatment to 50pc of their patients.

# DRAP to enforce reforms and transparency

## MN Report

**ISLAMABAD** - The Drug Regulatory Authority of Pakistan (DRAP) issued a statement and reaffirmed its commitment to reform, saying no one will be allowed to derail the process of change. "All manual records are being done away with and replaced with digitized records, which will improve the efficiency of the authority and help in publishing the National Formulary of Pakistan," the statement informs. "The decision of allocation of a fresh registration number in cases of change of a registration holder, is

taken to avoid possible legal complications.

The old registration number will stand cancelled," the statement further notifies.

"The Drug Pricing Committee (DPC) recommended maximum retail prices of drugs according to the Drug Pricing Policy 2015. That prices of Daclatasvir (60 mg and 30 mg tablets) and Sofosbuvir+Ledipasvir (400mg and 90mg tablets) were fixed higher is a baseless accusation. As a matter of fact, the committee recommended Maximum Retail Price (MRP) of Daclatasvir (60 mg tablets) @ Rs.

4552/28's and Daclatasvir (30mg tablets) @ Rs. 2782/28's as the lowest demanded prices by a manufacturer whose drug had been approved by the Registration Board," the statement adds. DRAP has further stated that the recommended prices of both Daclatasvir and Sofosbuvir+Ledipasvir are far lower than the rate at which these are being sold in India and Bangladesh. "Under no circumstance, demanded prices by a company whose drugs have not been registered by the Registration Board can be considered as

benchmark," DRAP asserts in the statement.

With reference to prices of drugs of M/s Otsuka, DRAP has pointed out that their prices have not been increased during the last five years. "In 2011, after devolution of the Ministry of Health, almost all 6 manufacturers of Intravenous (IV) solution increased prices of their drugs and managed to obtain stay orders from the Lahore High Court. The Cabinet Division contested the cases in the High Court, which directed through Deputy Attorney

**Continued on Page 15**



# 7.5m euros German grant to improve lives of mothers, children in Pakistan

## MN Report

**ISLAMABAD** - The German government through KfW Development Bank has committed 7.5 million euros as a grant to improve the lives of mothers and children in various provinces and regions of Pakistan. The grant has been given to the provincial governments of Khyber Pakhtunkhwa, Punjab as well as to Fata and GB.

To mark the kick-off ceremony of the three year reproductive health project, an event was held on April 25th, 2017 in Islamabad. Participants included Deputy Secretary Economic Affairs Division Naveed Shinwari, KfW Director Wolfgang Moellers and the chief executive officers of the four implementing organisations Greenstar Social Marketing, DKT International, Rahnuma /FPAP and Agha Khan Foundation.

Development cooperation between Pakistan and Germany goes back to 1961 exceeding 3 billion euros. In the health sector, KfW Development Bank invests on behalf of the German

government in health programmes to improve the mother and child health, reconstruct hospitals in AJK, support social health protection schemes in KP and GB, finance safe blood transfusion systems nationwide and immunisation programmes.

In Pakistan 25% of married women have an unmet need for family planning. Maternal mortality remains high, at an estimated 276 deaths per 100,000 live births. Infant mortality remains at 78 deaths per 1,000 live births. In order to assist, the German Ministry for Economic Cooperation and Development through KfW Development Bank provides funding for marketed products and services for family planning, reproductive health, mother and child health, nutritional supplements for children and safe water.

The main features of the project are to construct and renovate a number of basic health facilities and maternity wards. A network of healthcare providers shall be developed and health



workers, community midwives and mobilisers be trained. In addition, village health committees will be established and e-health technology to connect selected primary health centers with higher healthcare facilities are going to be introduced.

Speaking on the occasion, the deputy secretary EAD thanked KfW for providing vital support to Pakistan specially to address this critically important issue of reproductive health. He ensured that Pakistan is fully committed to mobilise efforts and scale up practices for reproductive health issues. Wolfgang Moellers thanked EAD for its support and appreciated the efforts of partner NGOs for their exemplary work in helping families.

## SHC dismisses contempt plea against governor in Dow VC case

### MN Report

**KARACHI** - The Sindh High Court dismissed a contempt of court application against the governor and his principal secretary in a case relating to the appointment of the vice-chancellor of the Dow University of Health Sciences (DUHS). Dr Masood Hameed, a former vice chancellor of the varsity, had filed the contempt of court application against Governor Mohammad Zubair and the latter's principal secretary, Mohammad Sualeh Ahmed Farooqui, for disobeying a court order in the DUHS VC appointment case. His counsel submitted that the SHC in its April 26, 2016 order had directed a search committee to complete the process of the vice chancellor's posting within 20 days, and till then Dr Hameed would continue to work as vice chancellor. He alleged that instead of making the appointment on a regular basis, the governor had made Professor Dr Khawar Jamali, pro-VC of the university, as acting vice chancellor in disregard of the court's directives. He pleaded that contempt of the court proceedings be initiated against the governor and his principal secretary. DUHS and federal law officers opposed the application and submitted that Dr Jamali's appointment as Acting vice chancellor was made in accordance with the law and the high court judgment, and requested the court to dismiss the plea.

The federal law officer submitted that the governor was out of the province and a notification of the VC's appointment would be issued in compliance with the court directives soon after his return from Islamabad.

A division bench, headed by Justice Mohammad Iqbal Kalhoro, after hearing arguments of the counsel, dismissed the application for reason to be recorded later.

# Common Unit head for AIDS, TB, malaria programme faces delay

## MN Report

**ISLAMABAD** - Though the three programmes such as HIV-AIDS, TB, and malaria have been integrated into a single project in order to manage the global funds one-and-a-half-month ago, the government has yet to appoint a head for the programme mainly due to political wrangling.

The National Health Services, Regulations and Coordination (NHSRC) minister merged HIV-AIDS, TB and malaria into a single project in the post devolution scenario with the new name 'common unit' on the Planning Ministry's advice on March 9, 2017, in order to manage the global funds.

According to reliable sources the three programmes have been consolidated into one unit, the ministry could not issue notification for the appointment of the head for the unit despite a lapse of several weeks.

Since the position is of paramount importance; hence it has become a bone of contention between Dr Nasir head of TB and Dr Abdul Baseer Khan Achakzai head of AIDS and malaria, because both the officials claimed to be legitimate candidates for the slot, the sources said.

Dr Nasir emerged as the stronger candidate for the slot, because of his backing by Pakistan Muslim League-N (PML-N) leader Hanif Abbasi despite the fact he headed only TB programme and he was on deputation.

The sources said that though Dr Nasir has strong political backing, his appointment to the post could create legal problems since the Supreme Court (SC) had already issued orders to send all the employees on deputation back to their parent departments.

They said that the delay in the appointment of the programme's head has caused great anxiety



and uncertainty among the employees who have been working for the last ten months without salaries.

A senior official said that the ministry took the decision of integration of the three programmes sans any homework and preparation due to which several problems surfaced.

It is quite worrisome that Pakistan is among the few countries where AIDS, TB, and malaria are still prevalent, the official added.

The merger of AIDS, TB, and malaria into one consolidation unit created an issue of the signatory, as the ministry only accepted Dr Nasir's signature though no notification had been issued of his appointment as the head.

When Pakistan Today contacted National Health Services and Regulation Ministry Secretary Muhammad Ayub Sheikh said that the appointment would be made purely on merit, without giving any specific timeframe.

## Protecting children against ...

**Continued from front page**

well-functioning health system. Such events are an opportunity to re-in force the importance of immunisation amongst the masses."

Commenting on the importance of the world Immunisation Week, National Programme Manager Dr Syed Saqlain Ahmed Gilani said: "The programme is working relentlessly on improving the cold chain and supply chain management system by introducing new technology and thriving hard to addressing equity issues through expansion of immunisation services." The main goal of the celebration is to raise awareness among communities, parliamentarians, partners, stakeholders, media and line departments about the critical importance of immunisation and its role in achieving the 2030 Sustainable Development Goals.

In 2016, under the global slogan 'Close the immunisation gap', the campaign focused on immunisation for all throughout life. This year's slogan is 'Vaccine Works'.

The benefits of vaccination are still not fully capitalised in Pakistan. In Pakistan, the World Immunisation Week is celebrated to revive the pledge of making all children healthy by providing them with life saving vaccines against 10 vaccine preventable diseases.

All partners, pediatric associations and civil society organisations, working on immunisation, have joined hands with federal and provincial EPIs to arrange special programmes, seminars and workshops during the week.

## Chikungunya outbreak in ...

**Continued from front page**

suspected cases of chikungunya have been reported in various districts in Karachi. No deaths have been reported so far.

Chikungunya is a mosquito-borne viral

disease that causes fever and severe joint pain that can be debilitating for some. Chikungunya can easily be mistaken for dengue or Zika as they share clinical symptoms and is transmitted by a common vector - the Aedes mosquito. This makes the detection and diagnosis of chikungunya both critical at the early stages and challenging.

Additionally, since the disease is new to the populations, there is a fear that a large number of cases could occur within a short period of time without early detection and necessary control measures instituted rapidly to contain the disease.

The house-to-house investigations involved collecting epidemiological and clinical data from those who fell ill; collecting blood sample for testing; and developing a hypothesis on the generation of transmission. The field investigators found that that Gwadar's first cases of chikungunya came from Karachi through travel between the cities and subsequent cases were based on local transmission.

The timely field investigation resulted in confirming of the disease as well as implementing necessary public health measures to contain the spread of the disease to neighbouring districts. This included organizing awareness and information sessions for the local communities on ways to prevent mosquito bites and limit mosquito breeding sites.

## No public hospital of city ...

**Continued from front page**

Mostly affecting the male gender, the disorder occurs owing to the body's inability to generate either one of the 13 blood clotting factors. Those suffering from the disorder have to be timely administered the deficient factor in case of an injury to avoid excessive bleeding which could result in the patient's death. According to experts no public sector

hospital in Karachi is equipped enough to properly tend to haemophilic patients in an emergency.

Among HWSK's demands was a separate centre or desk dedicated to haemophilic patients at all government hospitals.

"Diagnosing the disorder has been rendered extremely difficult owing to a lack of facilities. If such a centre is established, not only would the diagnosis but hospitalisation and surgeries of haemophilic patients would become cost effective. As of now, parents usually end up selling their belongings to afford a treatment if their child ends up with a severe injury," he added.

A tedious process, the patients would previously have to wait for hours to have their factor level brought up through FFP's (Fresh Frozen Plasma) which carry a maximum of 70 IUs (international units).

Fortunately for the advancement in science and technology patients can now be administered a minimum of 250 IUs through a single Dry Factor Concentrate - the maximum number of IUs a dry factor contains is 3,000.

But all is not so rosy in Pakistan since the life saving drug is neither manufactured locally nor does Pakistan import the drug like it does for several other illnesses.

As a result of this a single 250IU dry factor costs a patient at least Rs11,000 while a single 3,000 IU dry factor could cost around Rs108,000.

Senator Abdul Haseeb Khan, who spearheaded the passing of a landmark legislation by the Sindh government on thalassaemia in 2013, expressed annoyance over the absence of officials from the health ministry.

The programme was organised by the Novo Nordisk Pharma (PVT) Ltd in collaboration with the Federation of Pakistan Chambers of Commerce and Industry (FPCCI) Standing Committee on Blood Banks and Thalassaemia

Centres and the Haemophilia Welfare Society Karachi (HWSK).

The event was supposed to be presided over by Sindh Health Minister Sikandar Mandhro, but he could not attend and neither was any other officer from the ministry.

He urged organisations engaged in spreading awareness and providing relief to haemophiliacs to adopt measures which would ensure that the health authorities heard their demands loud and clear.

"What do you expect would happen when a country allocates only 0.9 percent of its GDP as its health budget?" the senator stated.

Diagnosed with severe haemophilia when he was a year old, Abbas Ali, who would be turning 28 this year, shared his life's journey as a haemophiliac.

"Given the criminal neglect of the state authorities in facilitating patients suffering from the disorder, it is a miracle that I and my fellow haemophiliacs have made it this far in life."

Owing to an absolute lack of awareness in public regarding the disorder, he said it was extremely difficult to explain my moods, sudden absences from school owing to an injury to both my teachers and friends.

"You depend on your friends to cheer you up when you feel down and out, but I, on the other hand, had to hide my true self from the very same people because they had no idea what my condition was about. I was scared of the reaction people would direct at me on finding out about my condition."

Rashed Rafique, Novo Nordisk Pharma's general secretary, said the organisation was fully committed to changing haemophilia in Pakistan.

The event was presided over by FPCCI President Zubair Tufail. Senior member FPCCI Mirza Ikhtiar Baig, FPCCI VP Irfan Ahmed Sarwana and senior haemotologist Dr Tahir Shamsi also spoke at the event.

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## Health professionals urge PM to ... Continued from front page

phase. While in acute phase, cilostazol showed no better efficacy in the ROCI than placebo, and had a similar incidence of the HSSH to aspirin therapy. These findings

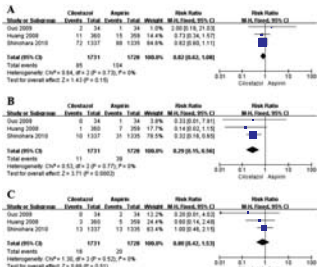


Figure 2 Pooled relative risk of stroke recurrence, hemorrhagic stroke and all cause death between cilostazol and aspirin groups in secondary prevention of stroke. (A) Pooled relative risk estimates on recurrence of cerebral infarction. (B) Pooled relative risk estimates on hemorrhagic stroke or subarachnoid hemorrhage. (C) Pooled relative risk estimates on all cause death. The diamond indicates the estimated relative risk (95% confidence interval) for all patients together.

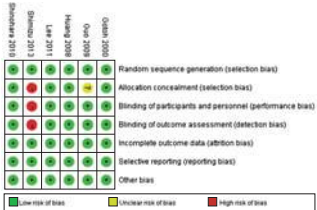


Figure 3 Risk of bias: a summary table for each risk of bias items for each study.

support that cilostazol may be an advisable therapeutic alternative for aspirin in the secondary prevention of the chronic phase of ischemic stroke. Quality of the evidence for the outcomes from chronic phase studies assessed by GRADE was high or moderate, which provides a sufficient confidence at the application of Cilostazol in clinical practice. Compared with the methodology of the previous meta- analysis, the present systematic review explored the scope of cilostazol application for the secondary prevention of ischemic stroke. First, we defined the acute and chronic phases of ischemic stroke according to the onset-to- treatment time as follows: i) acute phase refers to patients having had an ischemic stroke within the preceding 48 hours; ii) the definition of chronic phase refers that pa- tients were enrolled 1 to 6 months after ischemic stroke. The previous meta-analysis, did not distinguish between the acute and chronic phases. The present systematic review showed that cilostazol had controversial efficacy in the prevention of acute ischemic stroke. It is mainly due to the starting treatment time after onset. Many of the previous studies have reported that approximately 20%-37% of patients with acute ischemic stroke worsened gradually or stepwise after onset. Among these patients, 58%-82% deteriorated progressively during the first 24 hours. Hence, patients included within the first 24 hours of the Shimizu et al. study may have progressed to a worse condition, which influenced the efficacy of cilostazol. In cases relating to the chronic phase of ischemic stroke, cilostazol showed a significant beneficial effect, which was consistent with the previous studies. Second, in the previous meta-analysis, only aspirin-controlled RCTs were included

to assess the efficacy of the cilostazol, which concluded that no significant difference existed in ROCI between cilostazol and aspirin. In the present systematic review, we have included both aspirin and placebo-controlled RCTs, which resulted in a more comprehensive conclusion that cilostazol has a definite effect in the ROCI, but not better than aspirin. Further more, we concluded that cilostazol is safer than aspirin in the HSSH, which was similar to the placebo. Third, we used a fixed-effects approach in meta-analysis where data did not indicate heterogeneity. Current stroke guidelines from the American Stroke Association (ASA) and American Heart Association (AHA), recommend aspirin, clopidogrel, or aspirin plus extended-release dipyridamole as first-line options for secondary prevention of ischemic events (Class IIa, Level of Evidence A). Aspirin has a wide dose range from 50 to 1300 mg/d to prevent the reoccurrence of stroke. However, both high- or low-dose aspirin may cause intracranial hemorrhagic events, which could limit its clinical application. Cilostazol, a novel antiplatelet drug, prevents the recurrence of ischemic stroke through its antiplatelet effects, vasodilation, inhibition of vascular smooth muscle cell growth, and neuroprotection. Several randomized, multicentered trials demonstrated the preventable effect of cilostazol in patients with a previous stroke. According to the Cilostazol Stroke Prevention Study, pa- tients with a prior stroke, who were allocated to cilostazol 100 mg twice daily or placebo, showed that cilostazol therapy reached a significant 58.3% reduction in ROCI, with no clinically significant adverse reactions. Three other RCTs compared with aspirin show that cilostazol not only had similar therapeutic effects with aspirin in the ROCI, but also had a significant reduction in the HSSH. In the animal studies, cilostazol showed a better ef- fect than aspirin in the reduction of brain damage after ischemic stroke though suppressing disruption of the mi- crovasculature and increasing the residual perfusion of microcirculation. A pilot study, reported that pa- tients treated with combined therapy had less neurological deterioration and a more favorable functional status than those treated with aspirin alone in secondary prevention of acute ischemic stroke. Another double-blind multicenter trial containing 244 aspirin subjects with ischemic stroke who were randomly assigned to receive cilostazol 100 mg twice daily or placebo, observed a trend toward enhanced antiplatelet effects when cilostazol was added to aspirin in ischemic stroke patients. It should be noted however, that cilostazol was more likely to cause several adverse events other than intracranial hematoma in comparison with aspirin. The most common adverse events were put in descending order of occurrence as follows: headache, diarrhea, palpitations, dizziness, and tachycardia. These findings supported

that cilostazol is an alternative drug of aspirin but still needs large, randomized, multicentered trials to confirm the efficacy and safety of cilostazol. In the present review, several factors may affect the combining of data, despite the statistics showing a low hetero- geneity. For the treatment duration, 2 studies followed up for 1-5 years, while another two studies were 1-1.5 years. However, this difference in the date of treatment may only play a minor role because the Kaplan-Meier curves for the accumulation of primary endpoints showed a steady trend after 400 days. For the stroke etiologies, the most common type was lacunar infarction followed by atherothrombotic infarction in the included studies. Three studies provided similar findings in about 65% -75% proportion of lacunar infarction, and no significant difference existed between cilostazol and controlled groups. Another three studies lacked data regarding stroke etiologies, which might affect the combining of data to some degree. For the different vascular risk factors, a previous review has indicated that hyperten- sion, diabetes, and hyperlipidemia maybe the main causes to influence the efficacy of secondary prevention. In the present review, all six included studies recruited approximately 70% hypertension, 30% diabetes, and 30% hyperlipidemia. Only one study showed significant differences in systolic blood pressure between cilostazol and controlled groups. Although the authors clarified that no interaction existed between treatment group and measurement time-points for systolic or diastolic blood pressure, the results of sensitivity analysis, without this study, showed that the difference became smaller but did not reverse the results (Table 2). Several limitations of the present study should be considered. First, the present meta-analysis only included 4 studies for the chronic phase of ischemic stroke, and 2 studies for acute stroke. The number of studies is small, which may cause reporting bias. The result of secondary prevention for chronic phase of ischemic stroke was based on one placebo-controlled RCT, which was not an effect size. This same limitation also existed in the results of acute phase. Caution should be used when applying these results in the clinical setting. Secondly, not all of the included studies were double-blind, randomized, controlled trials. The Cilostazol for the Prevention of Acute Progressing Stroke was an open, multicenter, randomized controlled trial. The information of blinding was not available from the study of Guo et al., which made it difficult to determine if this trial was double-blinded. Finally, all of the patients from the included studies were of Asian descent, suggesting a limited confidence when applying this data to other populations. While aspirin was an ideal option for the secondary prevention of stroke in western countries, it did not seem suitable for those of Asian descent. Previous

studies have reported that Asians are at a higher risk for side effects including recurrent ischemic and hemorrhagic strokes in the secondary stroke prevention phase. Genetic factors in different race- ethnicities, as independent predictors of cerebrovascular disease, maybe the main reason for high risk of side effects in Asian population. In addition, higher and poorer control of blood pressure in Asians may be another factor contributing to the poor efficacy of aspirin in secondary stroke prevention. Hence, cilostazol might be a safer option for Asians because of its reduced risk of intracerebral hemorrhage when compared to aspirin. All of these limitations were considered in the evaluating the quality of evidence. **Conclusion** Cilostazol therapy played a crucial role in the secondary prevention of ischemic stroke in chronic phase. No significant difference was presented in ROCI between cilostazol and aspirin, but cilostazol was deemed to be safer. Prospective large RCTs will provide more evidence for cilostazol as an alternative drug for aspirin in secondary prevention of stroke. **Appendix** 1. (cilostazol [Title/Abstract] OR pletal [Title/Abstract] OR pletaal[Title/Abstract] OR OPC 13013 [Title/ Abstract] OR OPC 21 [Title/Abstract]) 2. (aspirin [Title/Abstract] OR acetylsalicylic acid [Title/ Abstract] OR acetyl salicylic acid[Title/Abstract] OR acetosalicylic acid [Title/Abstract] OR placebo [Title/ Abstract]) 3. (ischemi\* [Title/Abstract] OR stroke [Title/Abstract] OR cerebrovascular [Title/Abstract] OR intracerebral [Title/Abstract] OR embolism [Title/Abstract] OR thrombosis [Title/Abstract]) 4. 1 AND 2 AND 3 5. Limit 4 to humans **Competing interests** The authors declare that they have no competing interests. **Authors' contributions** JMZ is the principal investigator. SC designed the study and developed the analysis plan. LGS and JLP analyzed the data and performed meta-analysis. LGS contributed in writing of the article. LX and JM revised the manuscript and polish the language. All authors read and approved the final manuscript. **Acknowledgements** This study was supported by National Natural Science Foundation of China (No.81171096 and No. 81371433) to JM Zhang. **Author details** 1Department of Neurosurgery, Second Affiliated Hospital, School of Medicine, Zhejiang University, 88 Jiefang Road, Hangzhou 310009, Zhejiang, China. 2Department of Neurology, Second Affiliated Hospital, School of Medicine, Zhejiang University, Hangzhou, Zhejiang, China. 3Department of Physiology and Pharmacology, Loma Linda University, Loma Linda, CA, USA. **Received: 20 July 2014 Accepted: 11 December 2014**

# TB screening vans service to be launched in Karachi

## MN Report

**KARACHI** -The Global Fund for HIV/AIDS, Tuberculosis and Malaria in collaboration with National and Provincial TB Control Programs and Indus Health Network is planning to launch Mobile X-ray Vans service in Karachi as well as in other parts of Pakistan to detect TB cases. Chief Executive Officer, Indus Hospital, Karachi, Prof Dr Abdul Bari Khan, said "Aao TB Mitao" project is funded by the Global Fund for HIV/AIDS, Tuberculosis and Malaria. He said primary recipient of this grant is the Global Health Directorate of The Indus Health Network. The

program is a partnership effort between the National and Provincial TB Control Programs.

He said a program is designed around a search, treat, and prevent approach to controlling TB.

A key strategy for active case finding of TB patients is mobile X-ray vans. This year, the project is planning to launch 29 X-ray vans, 14 of which will screen people in Karachi for TB, rotating between hospitals, factories, and other congregate community settings.

He said basic aim of launching mobile X-ray vans to detect hidden cases of TB throughout the country. He said project will

be launched in Karachi and other parts of Pakistan very soon.

He informed that "Aao TB Mitao project" is already working with over 20 public and private hospitals in Karachi for improved TB screening, diagnostics and care while a similar project of supporting public hospitals is also being introduced in parts of Sindh and Punjab.

On the treatment side, in addition to supporting existing basic management units for adult drug sensitive TB patients, the project is building capacity in case finding, diagnosis and treatment of Childhood TB. 10 Childhood TB clinics in



public and private hospitals in Karachi will be active by the end of this year with two additional centres in different parts of Sindh. 20 more are being planned in Rawalpindi, Peshawar, Quetta, and Lahore. Dr Bari said "Aao TB Mitao" project has operationalized 12 public and private clinics for the programmatic management of drug resistant TB in Karachi (3), other parts of Sindh (6), and Baluchistan (3), with

expansion plans to other parts of Pakistan. He said to engage the private sector more thoroughly; the project is helping to establish a network of over 50 "Sehatmand Zindagi Centres" across Sindh and Punjab, which are private diagnostic and treatment centres that will offer free TB diagnostics and care. The Centres will add capacity in the healthcare sector to manage TB free of cost to the patient.



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## Secretary Health asked to withdraw MoU with Friends of Burns Centre

### MN Report

**KARACHI** -The management of Civil Hospital Karachi (CHK) has requested the Secretary Health Sindh to withdraw Memorandum of Understanding (MoU) with Friedens of Burns Center, a non-governmental organization (NGO), over their failure to improve patient care and allow to administration to run Burns Center, CHK, by their own.



According to the copy of letter sent to Secretary Health Sindh, which stated that Friends of Burns Centre, an NGO, working in Burns Centre, CHK, since last several years, has failed to improve patient care despite the lapse of several years. He said the role of Friend of Burns is not in the interest of the patients, and this hospital management has the capability and competence to run Burn Centre from available funds and resources. In spite of the abundant time allocated to employ the required number of doctors in the Burns Centre and the administration has already issued NOC, but the hospital's doctor staffing has not been completed till date. No any washroom constructed as promised within two weeks but past four months, no construction started no any date given for completion of work.

The Friends of Burns Centre are not performing as per act of MoU and working for their personal interest. Due to this attitude patients of Burns Centre are suffering badly from neglect. The Burns Centre administration has not fulfilled the medicines requirements of patients of centre. The administration is not satisfied with the performance of Friends of Burns Centre.

Medical Superintendent, Civil Hospital Karachi (CHK), Dr Zulfiqar Ali Siyal, said a letter has been sent to Secretary Health Sindh for withdrawal of MoU with Friends of Burns Centre. He said arrogant behavior of philanthropist is not acceptable and hospital administration has ability to run Burns Centre from available resources.



# World Health Day Seminar at Institute of Psychiatry

## Non-psychiatrists urged to bridge the gap; with 300 psychiatrists and 160 under training can hardly cater to population across Pakistan

## MN Report

**RAWALPINDI** - The scale of the problem, mental illness and depression is too magnanimous for psychiatrists alone to cater to the needs of population across Pakistan as in the country, there are only around 300 psychiatrists and around 160 under training and of these 160, a good majority may be "brain-drained" to the western countries. Head of the Institute of Psychiatry and World Health Organisation Collaborating Centre at Benazir Bhutto Hospital Professor Fareed Minhas expressed this at a seminar arranged by the Institute in connection with the World Health Organisation initiative on declaring "Depression - Let's Talk" as the theme for this year's World Health Day. The seminar was attended by esteemed guests including WHO Representative to Pakistan Dr. Muhammad Assai Ardakani, consultants, residents, house officers, and psychologists of the institute. While giving introduction, Dr. Minhas emphasized the importance of understanding depression as illness, of widespread and ever increasing prevalence, its impact on physical co-morbidity, and its impact on maternal and child health. "Depression is a treatable illness and we have generated local evidence to support this fact." He added as signatories of the WHO and with collaboration of stakeholders, we are looking to build the capacity among non-psychiatrists to help shoulder the burden of patients with mental illness and depression particularly. Director Programs Health Planning, System Strengthening & Information Analysis Unit (HPSIU) at Ministry of National Health Services, Islamabad Dr. Malik Muhammad Safi speaking on National Plan for Mental Health informed the audience of the EMRO Global Action Plan for

mental health in 2014 which was intended to train primary health care professionals to bridge the treatment gap. He informed the audience that our private sector is catering to 70 per cent of the population and most of the rural areas do not have any psychiatrists. "We need to encourage our psychiatrists to move and operate at district level." Professor Atif Rahman, Child & Adolescent Psychiatrist at the University of Liverpool, speaking on Regional Mental Health said psychiatrists and psychologists are not the only solutions to the problem of mental health. Research, as a collaborative effort, has been conducted to garner evidence for the efficacy of the non-specialists, he said. Children with developmental disorders are neglected part of our community even within psychiatry, he said. Dr. Saba Khalid, Consultant Psychiatrist, at the Royal Melbourne Hospital, was then invited to speak on Depression in Women. Women are the caregivers; they are the backbone of the society. When their functioning is impaired, the society falls apart. The biological and psychological aspects are all good but we need to start considering the functioning of that woman suffering from depression, who is performing multiple roles within the family, she said. WHO Representative to Pakistan Dr. Muhammad Assai Ardakani was then invited to give his key-note speech. He said he had six major suggestions for the government in collaboration with other centres to carry this year-long campaign forward. Depression and mental health has to be spoken about for at least one year. We do not want to restrict ourselves to mere slogans and no practical changes. Talking about depression is only the beginning. This is a joint responsibility. This is not the responsibility of just

one ministry, rather extends to all other aspects of the society, he emphasized. The first point, Dr. Assai asserted, was about mass awareness. Media should have a key role. At least half an hour of airtime per month should be given to talk on depression. Reporters should go and see the issues in the community and increase awareness, he said. Additionally, we need to interact with schools. Teachers and parents need to be trained. Our children need to be trained to stay happy. There is a role of religious leaders to advocate for being happy and increase social cohesion, he said. He added the community has a role to decrease the

stigma associated with mental illnesses. He said the second point is related to health system response. It is not just training and curriculum development, we need to supervise the delivery of these services as well. Mental health should be part of all priority health problems, said Dr. Assai. The third point, he stressed upon, was related to community support and family engagement. Mental health training needs to be integrated at the antenatal health care level. Fourthly he reiterated the importance of looking for chronic patient population who will inevitably have depressive illness. The fifth point Dr. Assai enlised was addressing the

long term need to work for social protection. Economic stability is of the utmost importance. Half of the refugees in the world are in the Eastern Mediterranean Region, and naturally, these refugees are predisposed for mental health problems, he said.

Finally, he requested and invited the ministry of health, under the leadership of Professor Minhas to develop a plan of action to address issues in a much more effective way.

At the end, Professor Minhas, on behalf of the Institute of Psychiatry, thanked everyone for their presence. He highlighted the importance of having non-psychiatrists as ambassadors of mental health in all quarters.

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## Health boost through ...

Continued from page 04

He felt proud in announcing that apart from food supplements, beverages, skin care products, numbering 100 items, will be available for Pakistani at affordable prices. Our Motto is high quality, low prices, said Teoh, looking optimistic about the success of his company's venture in Pakistan. Already, he said, his presence here, marks the first anniversary of its operation in Pakistan which is a happy augury, and hold promise for the future. One Dragon, the name derived from Chinese centuries-old history, will rely on marketing and distribution network to reach to as broad spectrum as possible. He agreed that world experiences of his company, and the successes it achieved in different regions of the globe, promises to

make Pakistan factories hub for economic development, for exports to neighbouring countries, central Asian republics. He said Sindh climate being not so severe, will be helpful in promoting the production which was his company's aim. Also he was hoping for good location for farming and production, both should be nearby for grater facilitation, and consistency in government policies, to help promote investment in the country. He said plants take normally three years for completion, and in four to five years, the projects comes of age to benefit the country, where it is located. He said his company and its products are certified internationally by ISO 9001, 14001, 17,000, Halal products will also be aim so that it is in accordance with Islamic values. His companies is operating in 234 States of the world,

which shows its popularity and stands guarantee for its quality. He said his company's mission is to change the life-style of the human being. It promotes employment in the country of its establishment. Pakistan likewise, will benefit enormously with the presence of DXN Holdings, which is working for global platform. He said that the company trains its employees, who in turn train others. Leadership thus grows by the good corporate culture. He said fermentation of enzymes, is something which gets priority, food enzymes, champagne enzymes without alcohol, which is very good for digestion. Korea, Japan, etc thrive on enzymes, which is good for blood pressure, and other ailments. It keeps you healthy, fit, hale and hearty, which is the primary objective of DXN Holdings Berhad,

Teoh emphasizes.

He said proper food in China are based on ingredients like noodles. Mushrooms, and are organic in nature, which is good for human body. He said government gave us 70 acres of land. The marketing strategy of hic company is recognized world over. Direct selling as in Malaysia, Philippines, were a living example of our success, said he CEO of DXN Holdings Berhad, feeling happy to be in Pakistan. He made it abundantly clear that the objective of his company was to benefit Pakistan, develop training centres, for producing good marketing personnel, contribute to well being of its people, and not just making money. Zarif Ahmad Country manager for DXN Holdings, named here as DXN International Pakistan (PVT) Ltd explained that the company as social obligation has been helping children of 16 t 17 years to 21 years, some 100 of them have been given free of cost service.

## CHK prepares for a ...

Continued from page 06

facilities as well as technical issues during possible heat-wave. He said 2015, killer heat-wave is still in the memory of Karachiites due to which many precious human lives were lost. He said no one can fight or stop natural disasters but with better preparedness we can minimize the losses to a great extent. He said administration is ready for emergency situation and arrange extra beds, wheel chairs, medical staff, medicines and water for heatstroke patients and will erect shades on open place for patient's attendants. He urged the civic authorities concerned to ensure transportation of patients affected by heat-wave in three major hospitals of Karachi including Abbasi Shaheed Hospital, Jinnah Postgraduate Medical Center and Civil Hospital Karachi to save precious human lives. He said a comprehensive awareness campaign was needed to inform masses about the precautionary measures against possible heat- waves so as to avoid loss of precious human lives. He said Labourers, elderly people, children and commuters must be given preference in this regard as majority death from heat-wave were reported on city

roads.

In 2015, Karachi was devastatingly affected by searing heat, through a low pressure belt over the Arabian Sea leading over 1,200 deaths in the city while hundreds of others were also affected.

## CTC launches report on ...

Continued from page 07

Whereas at the provincial levels it was observed that in Balochistan, the industry utilizes billboards and shop branding. In KPK and Sindh provinces, method of distribution of flyers is used for advertisement while in Punjab, pasting of posters at points of sales i.e. shops was found to be most common. The report has been presented and shared with Federal Tobacco Control Cell, Ministry of National Health Services, Regulation and Coordination which appreciated CTC-Pak and its coalition partners for providing these important findings and subsequent to strengthen the on-ground efforts being made by the Government of Pakistan to protect the public health from harms caused by tobacco use on health, economy, environment while raising social issues."

## Health research ...

Continued from page 07

prevention-related aspects of health, while the rest involved medical components such as treatment or surgery. Swaminathan and her panel colleagues have also highlighted the need for India and other South Asian countries to collect large-scale health data that will help improve understanding of disease distribution patterns. "Such research has been used to great advantage in developed countries to (guide) improvements in population health and measure effectiveness of public health programmes," the researchers wrote in their paper. The paper's other co-authors are Huma Qureshi, executive director of Pakistan's Health Research Council, Mahmood Uz Zahan, director of Bangladesh's Medical Research Council, Dharma Baskota, chairman of Nepal's Medical Council and Sunil de Alwis, deputy director-general in Sri Lanka's health ministry.

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# “Early learning is forever”: Dr Ahsan Mobin

MN Report

**KARACHI** - Dr. Ahsan Mobin, Assistant Prof and transplant physician at Dow University of Health Sciences said that practical and theoretical learning at early stages is very important and durable as it reflects a passion and commitment to the profession, and it creates more efficiency and the desire to do extra. This he said on the occasion of the Otsuka health awareness session and lucky draw. The session's primary discussion was, "Don't prick IV bottles, as it can spread Hepatitis". Dr. Ahsan said that needle injury and pricking of IV bottle were common in the public sector and even in private sector hospitals, small health care units, and clinics. He said that

said that a large proportion of the medical community is aware about deadly diseases. He stressed that safety SOPs should be integrated as part of the medical and pre medical syllabus of paramedics and medical graduates. He said that 8 from every 10 Hepatitis cases are infected by IV bottle pricking, reuse of syringes and needle injury. He said that in his practice he found many cases from remote areas who were victims of hepatitis. He said that learning in the early stages of education is very durable. Dr. Ahsan suggests that vaccination is yet another preventive measure to combat deadly diseases. He said that questions about vaccination should be catered to in all job



spreading of hepatitis and other deadly diseases are due to unhygienic medical practice and lack of medical education in paramedical staff, but he said that there are much better conditions now and awareness about spreading of hepatitis and other deadly diseases are contributing its role in improving the health care profession. He appreciated the role of Savior Club and

interviews in private and public sector institutions. He suggests that all private and public sector institutions should play their role to implement the prevention of SOPs. He said that accidental needle pricking injuries would be reduced if SOPs are implemented. CEO Otsuka Hanif Sattar said that Otsuka has a unique system for controlling



the quality measures, one that no other manufacturing facility can match in performance and efficiency. Otsuka is a Japan based multinational which is monitored by Japanese professionals. It is the largest manufacturer of IV fluid worldwide. Director Marketing Tariq Shahid said that Otsuka introduced new technology to ensure the quality of their products, and it measures and monitors hour by hour. He said that Otsuka is

providing high quality products at very affordable prices to the patient. Marketing manager M Arshad reminisced about the foundation of Savior Club in the early 2000s, and how today more than 5000 doctors are its members, playing their roles to create awareness against hepatitis. Head of sales Khalid Muneer said that Otsuka is committed to offering high quality products and briefs about new compositions for management and balance

of electrolytes with IV fluid in pre and post-surgical procedures. Product manager Moeenuddin Ansari described the features of new compositions and the nutritional needs and balance of electrolytes during critical management of patients. Lastly, Dr Ahsan Mobin performed the lucky draw and Dr Shabana Waqas of RHC Kamalia declared the lucky winner, while 15 others also won gift hampers.

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**DRAP to enforce reforms ...**  
Continued from page 08

General, to resolve the matter. Accordingly, the matter was placed before the DPC under the Chair of Secretary, Cabinet Division; four manufacturers (including Otsuka) appeared before DPC and explained that due to steep increase in cost of inputs, the production of Polyethylene, Dextrose, Sodium Chloride, and Sodium Lactate had become unviable and could not be marketed at their previous prices. DPC, after considering all facts, decided to reduce prices of de-controlled four drugs which were increased by four manufacturers to unjustified level (after obtaining stay orders from the court) and increased prices of controlled drugs up to justified level," the statement adds. The case for renewal of the DML of M/s Otsuka Pakistan, Hub-Balochistan, was decided by the Central Licensing Board on merit and as per provisions of law, it concludes.



Answer the following questions, the correct answers can make you a

# Lucky Winner

Q 1. *Do not Prick I.V. bottle* it can spread \_\_\_\_\_  
Q 2. \_\_\_\_\_ is the brand name of Lactated Ringer's Injection of Otsuka.

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## Academic / Clinical Services

**Dr. Shabana Waqas**  
RHC Kamalia.

Lucky dip conducted by:

**Dr. Ahsan Mobin**

Assistant Professor & Transplant Physician Liver Transplant & Hepatopancreatobiliary Surgery Unit Dow University Hospital Karachi on 27th, April 2017.



## Winners of 15 Consolation Prizes:

Dr. Name	Clinic / Hospital Name	City Name
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Dr. M. Noman	Hamza Hospital	Lahore
Dr. Parveen Tarique	Tehrim Medical Centre	Mir Pur Khas
Dr. Jetha Nand Khatri	New Town	Mir Pur Khas
Dr. Ismaeel	MMC Hospital	Mardan
Dr. Gul Mohammad	Paras Clinic	Jacobabad
Dr. Imran Abbas	Al Saeed Medical Complex	R. Y. Khan
Dr. Sadaf		Nawab Shah
Dr. Mo'in Islam		Tando Adam
Dr. Jawed Khan		Mir Pur Khas
Dr. Fakhr-e-Alam		Multan
Dr. Kanwal Nadeem	Mushtaq Clinic	Kamalia
Dr. Waqar Khawaja	Ward # 17Nishtar Hospital	Kandh Kot
Dr. Pirshotam	Nadeem Hospital	Umer Kot
Dr. M. Hassan	Main Road	Vehari
	Roop Medical Centre	
	Shooqi Colony	

You have just missed best of luck next time

\* This quiz is valid for four months only.



**Preventive strategy is the best option to control Hepatitis and other communicable diseases in Pakistan when we are facing problems like poverty and illiteracy.**

Do not prick IV infusion bottle campaign has been very effective with the result that pricking of IV infusion bottles has decreased. **Dr. Sumbul Sohail** (Associate Professor of Gynecology at KMDC/Abbasi Shaheed Hospital Karachi) appreciated the efforts of Otsuka Pakistan to create awareness regarding these dangerous practices and urged other manufacturers to come forward and play their role in this noble cause.

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.

# RINGOLACT 500 mL

# RINGOLACT-D 500 mL



Jimmy's Message

**Do not Prick I.V. bottle**  
It can spread hepatitis

Always prescribe by  
**Brand Names to ensure  
Otsuka Quality bottles  
which are Prick-Free**



**Otsuka Pakistan Limited**  
30-B, S.M.C.H.S., Karachi.  
Ph: 34528651-4

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**A Sign of Japanese Commitment to Better Health**

