

PREFACE

As the Chairperson of Standing Committee on Health, I am pleased to present a report on the meetings of the Committee held during the period from 6th August, 2009 to 9th January, 2010. The Committee in its meetings during the aforesaid period inter alia examined various problems of attached departments/sub-ordinate offices functioning under the administrative control of Ministry of Health and made recommendations for expeditious resolution of the issues, highlighted problems being faced by provincial governments in effective implementation of various National Programmes of Ministry of Health and suggested remedial measures and also looked into the projects the execution of which was inordinately delayed by the Ministry of Health/Departments on account of which the downtrodden masses had suffered.

2. Among various achievements of the Standing Committee I may mention that on the basis of the recommendations of the Committee the Government of Argentina had been gracious enough to provide 1.2 acres of land of Argentina Park to Federal Government Services Hospital (FGSH) for construction of an additional block. The honourable Ambassador of the Argentina Government made a commitment to make contributions in finalizing the design of the proposed new block of FGSH and to provide funds for necessary medical equipment. The Committee also looked into the Ministry of Health's project titled "**Replacement and Purchase of Equipment for NICVD, Karachi**". The project was approved in 2005 at a cost of Rs. 500 million but was delayed considerably by the officers responsible for its execution. The Committee got the project expedited to enable the poor patients visiting NICVD from far flung and remote areas of the country for treatment. Similarly, on the recommendations of Standing Committee service issues of a few Doctors outstanding since long, serving on deputation in Federal Government Services Hospital from various provinces were resolved and thus their long standing sufferings were mitigated.

3. In addition to above a few other significant issues discussed in the meetings of the Committee are listed as under:-

- i. Up-gradation of hygienic and sanitation standards, transparent system for channeling of donations, career structuring of Doctors/Para-medical staff and encroachments in and around JPMC, Karachi.
- ii. Measures to be adopted by Ministry of Health/Drug Registration Board to protect local pharmaceutical industry producing quality medicines at competitive rates.
- iii. Transparent system of registration of drugs.
- iv. Purchase of spurious and sub-standard drugs by the Ministry of Health.

4. In order to improve various Health Policies in vogue in the country the Committee after extensive deliberations compiled recommendations in its various meetings and also issued necessary instructions to the Ministry of Health and its departments for bringing in improvements in their systems to ameliorate conditions of ailing people.

5. I am extremely grateful to my colleagues in the Standing Committee on Health whose cooperation and active participation in the Committee meetings led to highlighting and formulation of various measures so as to put in place welfare oriented health policies for betterment of common man in the country. I convey my special thanks to my colleagues and members of the Committee who meticulously completed various tasks assigned to them.

6. I also deeply appreciate the contributions made by Mr. Abdul Sami Khan Secretary Committee, my Private Secretary and Personal Assistant for arranging the Committee meetings and for preparation of this report. I appreciate their dedication and sense of duty.

(SENATOR KALSOOM PERVEEN)
Chairperson

EXECUTIVE SUMMARY

The Senate Standing Committee on Health held ten (10) meetings during the period from 6th August, 2009 to 9th January, 2010. During these meetings the Committee took up various issues falling under its ambit as laid down in Rule 140 (2) of Rules of Procedure and Conduct of Business in the Senate, 1988 and formulated recommendations on the issues.

2. A few important issues taken up by the Standing Committee and the recommendations made by it are enumerated as under:-

- i. In the meetings of the Committee held on 11th September and 30th October, 2009 eleven (11) National Health Programmes being executed in the four (04) Provinces were scrutinized and various issues hindering smooth implementation of the Programmes in the Provinces were identified and recommendations were made to the Ministry of Health for expeditious action to mitigate sufferings of the downtrodden masses. Sub-Committees were constituted for each Province to assess implementation status of the Programmes at provincial level. The Committee took cognizance of the fact that primary factors in the smooth implementation of the Programmes are lack of staff, non-provision of transport to Provincial Coordinators, inadequate funds, law and order situation in the Provinces and non-existent of coordination between Provincial and national Coordinators of the Programmes.
- ii. System of promotion/recruitment in vogue in various Attached Departments/Sub-ordinate offices under the administrative control of Ministry of Health were scrutinized by the Committee in its meetings held on August 6, August 17 and 30th October, 2009. Following recommendations were made to the Ministry to iron out inconsistencies in the system and for rectification of injustices made to the employees because of flawed application of rules:-
 - a. That the existing administrative structure of the Ministry is outdated and needs to be improved. The Committee requested for valuable inputs from the honourable members for restructuring the organizational frame-work of the Ministry of Health.
 - b. The Committee took due cognizance of 386 posts lying vacant in the JPMC, Karachi and directed that a comprehensive report of vacant posts in all cadres/categories specifying their regional/provincial quotas should be submitted to the Committee

within two months. The prescribed regional/provincial quotas should be strictly adhered to while filling in vacant posts.

- c. Recruitment Rules of ex-cadre posts should be amended so as to create promotions avenues for 141 ex-cadre appointees in JPMC, Karachi in various grades who had not been promoted in their entire career.
 - d. A report should be submitted to the Committee regarding promotion incentives to the doctors.
 - e. The grievances of Para Medical Staff of JPMC should be redressed on priority basis. The pay scales of the Para Medical Staff should be revised in the light of their counterparts in other Hospitals in the provinces. A report regarding implementation of Para Medical Council Act and Paramedics service structure as per policy of Ministry of Health should be submitted to the Committee at the earliest.
 - f. The procedure regarding admission of nurses and all issues relating to them should be immediately attended to on priority basis and a report be submitted to the Committee.
 - g. The Committee unanimously recommended absorption of nine (09) doctors serving on deputation in the Federal Government Services Hospital (FGSH) for more than 15 years under wedlock policy. The recommendation of the Committee has been approved by the Prime Minister.
- iii. Current status of mega project of National Institute of Cardio Vascular Diseases, Karachi regarding purchase of expensive machines at a cost of Rs. 500 million was discussed threadbare in the meetings of the Standing Committee held on September 30, October 30, and 8th January, 2010. The matter is still under examination to get to the root cause of the inordinate delay in the implementation of the project as a result of which the poor patients visiting the Institute from remote areas of the country had suffered. The Committee in its last meeting had recommended as under:-
- a. That the Ministry of Health would furnish to the Committee within ten days following documents to fix responsibilities for the persons responsible for delay in project.
 - Original copy of the PC-I of project.
 - All the minutes of the Steering Committee of the project.
 - Details of releases made for the project at different point of time and the reasons for lapse/surrender of the released amount.
 - All relevant documents regarding purchase of machinery/equipment.
 - The Ministers for Health, Finance and Dy. Chairman, Planning Commission would be invited to attend the next

meeting of the Committee on the subject issue. The former Minister for Health in whose period the PC-I was approved would also be invited to attend the meeting.

- iv. The issue regarding purchase of sub-standard Paracetamol tablets amounting to Rs. 3 crore by Ministry of Health was taken up and a detailed report on the subject issue was sought from the Ministry. The issue was highlighted by the Committee in its meeting held on 11th September, 2009. The matter is sub-judice. However, the Committee unanimously decided in its meeting held on 2nd January, 2010 to have an independent probe into the matter and constituted a Sub-Committee for the purpose.
- v. The recommendation of the Committee in its meeting held on 6th August, 2009 regarding annexation of 1.2 acres of land of Argentina Park for construction of an additional block for Federal Government Services Hospital (FGSH) was approved by Government of Argentina. The Government of Argentina had also evinced keen interest in design of the proposed new block and made a commitment to provide funds for medical equipments etc.
- vi. The issue regarding import of 547 Chinese medicines by Ministry of Health and protection of domestic pharmaceutical industry producing quality drugs was examined by the Committee in its meeting held on 11th September, 2009. The Committee decided to associate two member of the committee i.e. Senators Dr. Khatu Mal and Abdul Haseeb Khan with the Drug Registration Board to review the entire process of approval of the Board for import of 547 Chinese medicines and submit a report to the Committee.

Senators

Kalsoom Perveen.



Position: Senator
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ii.Qasre-Gul, H.No.5, St-5, Faisal Town, Brewery Road,
Quetta.

Committee(s): Standing Committee on Minorities Affairs
Standing Committee on Cabinet Secretariat, Inter Provincial Coordination and Special Initiatives
Standing Committee on Finance, Revenue, Economic Affairs, Statistics and Planning and Development
Standing Committee on Health (**Chairperson Committee**)

Details: Tenure = March 2009 to March 2015

Achievements: M.Phil (History)

Supervising educational & Technical school established in rural areas in Balochistan. These institutions provide basic education & technical skills to the 5000 poor students. School for beggar boys in Quetta which provide skill development.

Senators

Dr. Khatu Mal Jeewan.



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ii. Plot No.2-C, Flat SF-2, 29th Commercial Street, Tauheed Commercial Phase V, DHA, Karachi.

Committee(s): Standing Committee on Minorities Affairs
Standing Committee on Overseas Pakistanis
(Chairman Committee)
Standing Committee on Railways
Standing Committee on Health
Standing Committee on Cabinet Secretariat, Inter Provincial Coordination and Special Initiatives

Details: Tenure = March 2009 to March 2015

Achievements: M.B.B.S.
Doctor/Parliamentarian (Member Provincial Assembly Sindh:1988-1990)
Member National Assembly Pakistan: 1990-1993
Member National Assembly Pakistan: 1993-1996
Member National Assembly Pakistan: 1997-1999
Member Senate Pakistan: 2009
Advisor to Chief Minister for Mines and Minerals Development Department Sindh (2008)
Chairman Sindh Coal Authority.(2008)
Chairman Lakhra Coal Development Company.(2008)
Pakistan Peoples Party: 1988-2009
MPA (Member Provincial Sindh Assembly: 1988
MNA (National Assembly: 1990)
MNA (National Assembly: 1993)
MNA (National Assembly: 1997)
Parliamentary Secretary, Population Welfare: 1998
Advisor to Chief Minister for Mines and Minerals Development: 2008
Chairman Sindh Coal Authority Sindh: 2008
Chairman Lakhra Coal Development Company Sindh: 2009

Senators

Farhat Abbas.

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Committee(s): Standing Committee on Social Welfare and Special Education
Standing Committee on Information Technology and Telecommunications
Standing Committee on Women Development
Standing Committee on Information and Broadcasting
Standing Committee on Health
House Committee

Details: Tenure = March 2009 to March 2015

Senators

Muhammad Zahid Khan.



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Committee(s): Standing Committee on Water and Power
Standing Committee on Religious Affairs and Zakat and Ushr
Standing Committee on Information Technology and Telecommunications
Standing Committee on Communications
Standing Committee on Health

Details: Tenure = March 2009 to March 2015

Senators

Abdul Haseeb Khan.

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Committee(s): Standing Committee on Industries and Production
Standing Committee on Information Technology and Telecommunications
Standing Committee on Local Government and Rural Development
Standing Committee on Law, Justice and Human Rights and Parliamentary Affairs
Standing Committee on Health

Details: Tenure = March 2009 to March 2015

Achievements: Diploma of Associate Engineer in Electrical Technology (Graduation)
Manufacturers of Medicine (BPL), President & C.E.O Brookes Pharmaceutical Lab. (Pak.)
Ltd. (1984 To date)
Karachi Tanks Terminal, C.E.O: (1978-1983)
Molasses Export Company, Terminal Manager: (1969-1978)
Pakistan Tandage, Terminal Manager: (1967-1969)
Pakistan Oxygen Ltd., Sales Demonstrator: (1965-1967)
Haji Dossa Neutral Gum, Supervisor: (1964-1965)

Pakistan Pharmaceutical Education foundation, President.
Brookes Health & Education Foundation, President.
Pakistan Pharmaceutical Manufacturers Association, Chairman: (1995-1996)
Korangi Association of Trade & Industry, Chairman: (2004-2005)
Kite Development & Management Co. , C.E.O. (2005-todate)
Karachi University, Syndicate Member: (2008-2011)
Baqai Medical University Governing Body, Member: (to date.)
Karachi Institute of Heart Diseases Governing Body, Member: (to date)
Karachi Medical & Dental College Governing Body, Member: (to date).
Hamdard University Academic Council, Member: (to date).

Senators

Dr. Khalid Mehmood Soomro.

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Committee(s): Standing Committee on Local Government and Rural Development (**Chairman Committee**)
Standing Committee on Science and Technology
Standing Committee on Health
Standing Committee on Religious Affairs and Zakat and Ushr
Standing Committee on Social Welfare and Special Education

Details: Tenure = March 2006 to March 2012

Achievements: 1. MBBS (R.M.P) - CMC Larkana.
2. MA (Islamic Culture) - Univerity of Sindh Jamshoro.
3. Sanad-ul-Faragh - Jamia Islamia Ishaiatul-Quran Wal-Hadith Dodaay Road Larkana.
4. Shahadat-ul-Alia - Wafaq-ul-Madaris Al-arabia pakistan. (Multan).

Additional Qualification:
5. Sanad-ul-Tajweed.

Special Courses:

1. Preachers Course from International Islamic University Islamabad.
2. International Preachers Course from Al-Azhar University Cairo, Egypt.

1. House Job in Medicine and Surgery at CMCH Larkana.
2. Imam & Khateeb Jamia mosque Siddiq-e-Akbar Dodaay Road Larkana since last 20 years.
3. Imam and Khateeb of Eidain at Jinnah Bagh Larkana since last 20 years.
4. Secretary General Jamia Islamia Ishait-ul Quran Wal-Hadith Dodaay Road Larkana.
5. Principal Jamia Islamia Sayida Khadijatul Qubra (for girls) Larkana.
6. Columist in various newspaper & weekly & monthly magazines & periodicals.
7. Author of many Islamic Books.
8. Religious Speaker Orator and Islamic Poet.
9. Incharge of Haqani Chairity Hospital Dodaay Road Larkana.
10. Patron & the visiting professor of "Under stand Quran Programme" at Larkana from Isra University Hyderabad.
11. Chairman Al-Mahmood Academy (Publication Bureo for Islamic Books).
12. Teacher of Islamic studies at Jamia Islamia Ishaiat-ul-Quran Wal Hadith Doaiy Road Larkana since last 20 years.
13. Visiting Professor of various Islamic Madrsas of Sindh.

Senators

Muhammad Ghufuran Khan.



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Committee(s): Functional Committee on Problems of Less Developed Areas
Standing Committee on Information Technology and Telecommunications
Standing Committee on Health
Standing Committee on Postal Services
Standing Committee on Food and Agriculture

Details: Tenure = March 2006 to March 2012

Achievements: B.A. (Arts)

Business of Automobile Chief Executive 1977-06
Member of Distt. Council Mardan Sawabi 1979-1991
Chairman Distt. Council Sawabi 1992-6 months

Senators

Rehana Yahya Baloch.

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Committee(s): Standing Committee on Education
Standing Committee on Overseas Pakistanis
Standing Committee on Culture and Tourism
Standing Committee on Health
Standing Committee on Cabinet Secretariat, Inter Provincial Coordination and Special Initiatives

Details: Tenure = March 2006 to March 2012

Senators

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Committee(s): Standing Committee on Science and Technology
Standing Committee on Health
Standing Committee on Industries and Production
Standing Committee on Commerce
Standing Committee on Population Welfare (**Chairperson Committee**)

Details: Tenure = March 2006 to March 2012

Achievements: B.A.
City Organizer 1993
Vice President Sindh 2001
Senior Vice President 2004
Member CWC
Member Sindh Council
Member WC Sindh
Member Central Council

Senators

Abdul Raziq.

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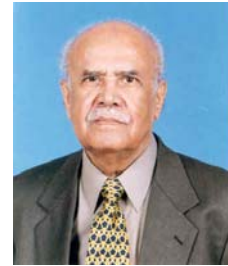
Committee(s): Standing Committee on Textile Industry
Functional Committee on Problems of Less Developed Areas
Standing Committee on Commerce
Standing Committee on Health
Standing Committee on Overseas Pakistanis

Details: Tenure = March 2006 to March 2012
Minister of State for Kashmir Affairs and Gilgit Baltistan

Achievements: B.A.

Senators

Justice (R) Abdul Razak A.Thahim.



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Committee(s): Committee on Rules of Procedure and Privileges
Standing Committee on Food and Agriculture
Standing Committee on Law, Justice and Human Rights and Parliamentary Affairs
Standing Committee on Health
Standing Committee on Water and Power
Finance Committee

Details: Tenure = March 2006 to March 2012
Federal Minister for Local Government and Rural Development

Achievements: M.A, L.L.B

Vice Chairman, Sindh Baluchistan Bar Council.
Remained Judge Sindh High Court.
Judge Federal Shariat Court.
Chairman, Federal Services Tribunal.
Member Majlis-e-Shura.
Represented Pakistan in UN General Assembly 4 times.

Senators

Mushahid Ullah Khan.



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ii. 6/161, Aziz Road, Model Colony, Karachi-27.

Committee(s): Standing Committee on Textile Industry
Standing Committee on Labour and Manpower
Standing Committee on Ports and Shipping
Standing Committee on Science and Technology
Standing Committee on Health

Details: Tenure = March 2009 to March 2015

Achievements: B.A. L.L.B
PIA Service as Traffic Supervisor: (1975-1997)
Advisor Ministry of Labour Manpower & Overseas Pakistani in BPS-22 : (1997-1999)
Administrator Karachi Municipal Corporation: (August 1999-October 1999)
Also served Trade Union as Central President PIAC Employees Union: (1989-1997)
PML (N): 1989
Served as Secretary General Labour Wing PML(N) from 1994 to 1999)
Chief Coordinator in 2000-2001
Served Information Secretary: (2001-2002)
Central Vice President: (2002-Till Now).

SENATE SECRETARIAT

Subject: - MINUTES OF THE MEETING OF SENATE STANDING COMMITTEE ON HEALTH HELD ON 6TH AUGUST, 2009 AT ISLAMABAD

A meeting of the Senate Standing Committee on Health was held on 6th August, 2009 at 2.30 p.m. in the Committee Room No. 4, Parliament House, Islamabad under the Chairperson Senator Mrs. Kalsoom Perveen.

2. The agenda before the Committee was as under:-
 - (i) Briefing on the Functions and Performance of Ministry of Health, its attached departments and all allied agencies under its administrative control at Federal as well as Provincial level.
 - (ii) Any other item with permission of the Chair.

3. The following members of the Committee attended the meeting:-

1. Senator Dr. Khatu Mal	Member
2. Senator Mrs. Farhat Abbas	Member
3. Senator Muhammad Zahid Khan	Member
4. Senator Abdul Haseeb Khan	Member
5. Senator Dr. Khalid Mahmood Soomro	Member
6. Senator Mrs. Semeen Yusuf Siddiqui	Member
7. Mir Aijaz Hussain Jakhrani Minister for Health	Ex-officio member

4. A list of officers of Ministry of Health and officers of Attached Departments/Subordinate offices/Autonomous bodies etc., who attended the meeting is annexed.

5. The meeting started with recitation from the Holy Quran by Senator Abdul Haseeb Khan. Thereafter, all the participants and honourable members gave a brief introduction of themselves. The Chairperson welcomed all the participants to the meeting. She congratulated the participants that the first meeting of the Committee is being held incidentally on the auspicious and the revered day of Shab-e-Barat. She took this as a good omen for future meetings of the Committee and informed the participants that health plays a pivotal role in the progress, prosperity and development of the nation. A sick nation cannot prosper and progress. As such there is a dire need to bring improvements in the health sector. She impressed upon the participants that this is an introductory meeting only to familiarize the honourable members of the Committee with the functions and achievements of the Ministry of Health and its departments. This meeting would be followed by meetings of the Committee in the provinces to assess the current status of the various programmes initiated by the Ministry of Health. She requested the Minister/Secretary of Health to initiate briefing as per agenda items.

6. The Minister for Health expressed his confidence in the ability and competence of the honourable Chairperson of the Committee. He acknowledged that the Ministry of Health is presently confronted with a host of issues and with the able guidance and massive and varied experience of the honourable Chairperson the

Ministry of Health would be able to surmount them. The major ills being confronted by the Ministry of Health emanate from the lack of finance and interference in the appointment/postings/transfers of the officers/officials. He emphasized adherence to the merit in making postings and transfers of the officers/officials in the Ministry of Health and its attached Departments/Sub-ordinate/autonomous bodies. To elaborate the issue regarding paucity of finances and the bureaucratic hurdles he cited the example of Jinnah Postgraduate Medical Centre (JPMC). In order to revamp the centre and to upgrade its facilities he informed the participants that he suggested for increase in the budget of the centre. The Finance Division turned down the proposal and as such his proposals for improvement in the centre are in limbo. **In view of this the Chairperson directed that in the next meeting the Secretary Finance should be invited to explain finance related issues of various hospitals under the administrative control of Ministry of Health and various other projects being executed by the Ministry.**

7. The Secretary, Ministry of Health expressed his gratitude to the Chairperson for evincing keen interest in the affairs of Ministry of Health and for offering her valuable and varied experience to resolve various issues of the health sector and for expeditious implementation of the various projects. The Secretary gave a detailed briefing as per agenda items. The salient features of the briefing given by him are classified under following heads:-

- i. Functions of Ministry of Health and its various attached departments/subordinate offices/autonomous bodies etc.

- ii. Various national programmes being executed by the Ministry of Health.
- iii. Human resource
- iv. Federal Government Hospitals
- v. Drug pricing
- vi. Activities/achievements
- vii. Issues and Challenges

8. The Secretary, Ministry of Health while giving briefing to the honourable members informed the Committee inter alia as under:-

- i. That the existing administrative structure of the Ministry is outdated and needs to be improved. In this context he requested for valuable inputs from the honourable members for re-structuring the organizational frame-work of the Ministry.
- ii. That most of the programmes initiated by the Ministry are implemented by the provincial governments.
- iii. That the government funds are disbursed among the provinces on the basis of population.
- iv. There is an acute shortage of nurses and the position is aggravated as the private sector is not coming forward in this sector.
- v. There is an acute shortage of doctors and dentists in the country. According to HRD indicators of health care in Pakistan there is one doctor for a population of 1,310 and one dentist for a population of 25,107 whereas as per recommendation of International Association of Medical Regulatory Authority there should be two Physicians per 1,000 population and one Dentist per 1,000 population.
- vi. That the Lady Health Visitors/Workers/Supervisors are the main strength in the current health scenario of

Pakistan. This discipline also needs to be strengthened to reduce rate of maternal/child mortality.

- vii. That the required numbers of Pharmacists are not available in the country. Prescriptions based medicines needs to be encouraged.
 - viii. That the development budget of the Ministry of health as compared with the last year has increased by 54%. Last year the development budget was Rs. 13 billion whereas during the current year it has been increased to 24 billion.
 - ix. The Federal government has provided Rs. 2 billion for Capacity Building and Programme Management in the context of National Aids Control Programme. It is a performance based grant. The funds are disbursed among provinces and their utilization is monitored by a Technical Review panel comprising representatives of USA, UK etc. and the funds are also audited by a well reputed Chartered Accountant of the country.
9. The briefing given by the Secretary, Ministry of Health was followed by intensive question/answer session. Based on these discussions following recommendations were unanimously made by the Committee:-

- i. The Secretary, Ministry of Finance would be invited in the next meeting of the Committee to resolve various financial issues of the Ministry of Health.
- ii. A separate meeting of the Committee would be held to examine in detail Tibb education in Pakistan.
- iii. Training programmes in the maternity and child health needs to be brought at par with the international standards.
- iv. The Ministry should evaluate national programme of primary health care and family planning (LHVs Programmes) to assess its internal impact and to boost it to make it more effective countrywide.

- v. The Committee while examining the statistics furnished by the Ministry on the Expanded Programme on immunization (EPI), Coverage Evaluation Survey observed with deep concern that 100% coverage is not being provided to population in under developed areas. The situation was more alarming in case of province of Balochistan. The explanation offered by the concerned officers for this deficient coverage was distance between various areas and mobility issues despite abundant supply of medicines. The Secretary Health informed that in addition to long distances between various areas the difficulties are further compounded by the posting of inefficient and incompetent EDOs by the provincial government. This adversely affects the various programmes as the policies are conceived at the federal level but implemented at the provincial level. Against this the Committee **recommended that 100% coverage should be provided to all the population and to ensure effective implementation of EPI Programme the provincial governments should be duly involved.**
- vi. Taking due cognizance of country-wide spread of AIDS and use of infected syringes. The Committee recommended that the use of auto syringes should be encouraged and a massive awareness programme regarding the disease should be launched.
- vii. The Committee unanimously held the view that prevention of Hepatitis is a national issue and needs to be dealt with separately. The existing National Hepatitis Control Programme is not being implemented effectively. It was brought to the notice of Secretary Health that PCR test which is a basic diagnostic test for diagnosis of any kind of Hepatitis is not available in the Sindh Province and as such people frequently die from this disease without even being diagnosed. **The Committee decided to hold an exclusive meeting on this issue.**
- viii. The Committee observed that the budget for drugs and medicines for JMPC, Karachi was less than the PIMS,

Islamabad although the number of patients in JPMC are far greater than that of PIMS, Islamabad.

- ix. There is, therefore, dire need for changing the criteria for allocation of funds on the basis of beds. The funds for Drugs and Medicines should be allocated to hospitals on the basis of number of patients a hospital caters for. The Committee decided to convene an exclusive meeting on the subject issue and Secretary, Ministry of Finance would be invited to elucidate the issue.
- x. A mechanism should be established in PIMS to provide free medical cover to the poor patients. The Chairperson in this context cited example of her Naib Qasid (Mr. Irfan Khursheed) who had to pay Rs. 90,000/- for treatment of his mother's fractured feet.
- xi. The Ministry of Health would provide to the Committee details of nineteen (19) ongoing PSDP programmes for whom a budget allocation amounting to Rs. 42,823.551 million has been made for the period from 2007-10.
- xii. The Committee noted with concern that there is no Federal Government Hospital in the province of NWFP and recommended that Ministry of Health should examine the issue in detail and submit a report to the Committee.
- xiii. The Ministry of Health should take strident measures to check availability of substandard and spurious drugs in the market.
- xiv. The number of Drug Inspectors should be increased, empowered and appointed on merit. In view of wide ramifications of the issue the Committee would convene an exclusive meeting on it.
- xv. A Price Board representing all the four provinces should be constituted to control and monitor prices of drugs in the country.
- xvi. The Ministry of Health will provide to the Committee details of proposal of allocation of Rs. 300 millions for strengthening of inspectorate, establishing hospital

pharmacy and drug testing laboratory which is lingering on for the last few years.

- xvii. The Ministry of Health would give a detailed presentation to the Committee on “National Health Accounts” and “Human Organs Transplantation”.
 - xviii. The Committee would look into the possibility of provision of open space behind Federal Government Services Hospital, presently being used as a park to FGSH for its expansion. The Chairman CDA would be invited in the next meeting to elicit his views/recommendations on this account.
 - xix. The Committee deliberated at length on the problems being confronted by Sheikh Khalifa Bin Zayyed (SKBZ) Hospital, Quetta. The Secretary Health was directed to resolve all the issues of the Hospital relating to UAE government and Ministry of Health. The Committee held the view that the Hospital is catering for the medical needs of ten to twenty thousand people living in its vicinity. As such there is a dire need to remove all the hurdles in the efficient functioning of the Hospital. The Secretary was directed by the Committee to furnish a comprehensive report regarding resolution of the issues of the Committee at the earliest.
10. The meeting ended with a vote of thanks to and from the Chair.

Sd/-

(ABDUL SAMI KHAN)
JS/Secretary Committee

Sd/-

(SENATOR KALSOOM PERVEEN)
Chairperson Standing Committee
on Health

SENATE SECRETARIAT

Subject: - MINUTES OF THE MEETING OF SENATE STANDING COMMITTEE ON HEALTH HELD ON 17TH AUGUST, 2009 AT KARACHI

A meeting of the Senate Standing Committee on Health was held on 17th August, 2009 at 10.30 a.m. in the Jinnah Postgraduate Medical Center, Karachi under the Chairperson Senator Mrs. Kalsoom Perveen.

2. The agenda before the Committee was as under:-
 - i. Briefing on the functions and performance of:-
 - a). Jinnah Postgraduate Medical Center (JPMC), Karachi.
 - b). National Institute of Child Health (NICH), Karachi.
 - c). Directorate Central Health Establishments (DCHE), Karachi.
 - ii. Any other item with permission of the Chair.
3. The following members of the Committee attended the meeting:-

1.	Senator Dr. Khatu Mal	Member
2.	Senator Mrs. Farhat Abbas	Member
3.	Senator Muhammad Zahid Khan	Member
4.	Senator Abdul Haseeb Khan	Member
5.	Senator Abdul Razak A. Thahim	Member
6.	Senator Mrs. Semeen Yusuf Siddiqui	Member
7.	Senator Abdul Raziq	Member
8.	Senator Dr. Muhammad Ismail Buledi	Special Invitee
4. A list of officers of Ministry of Health, NICH and JPMC, Karachi who attended the meeting is annexed.
5. The meeting started with recitation from the Holy Quran by Senator Abdul Haseeb Khan. This was followed by a brief introduction of the Senators as

well as of the other participants of the meeting. Thereafter, the Chairperson welcomed all the participants to the meeting. The honourable Chairperson in her welcome note stressed upon the pivotal role of health in the progress and prosperity of a nation. Based on this premise she highlighted the responsibilities and obligations of the Standing Committee to strengthen and reinvigorate the health sector so as to make optimum contribution for the progress and prosperity of the country. She impressed upon the participants that much needs to be done in the various sectors of the health to mitigate the current sufferings and problems of the government servants as well as of the common people. She expressed her optimism that with the co-operation and guidelines of experienced members of the Committee and able officers of Ministry of Health and its various attached departments and with the help of God Almighty the Committee would overcome various challenges. She requested Executive Director JPMC to give a briefing to the Committee on functions and performance of Jinnah Postgraduate Medical Centre, Karachi.

6. The Executive Director, JPMC gave a detailed briefing to the participants on the JPMC. He informed the Committee that JPMC is an 80 years old Hospital named after the founder of Pakistan, Quaid-e-Azam Muhammad Ali Jinnah. The Hospital was specially established for the poor and needy. Earlier, it had functioned as sub-ordinate office of Ministry of Health. It was declared an attached department of Ministry of Health on 13.09.1975. The bed strength of the Hospital is 1185. The Hospital annually caters approximately 10 lakhs out patients, performs twenty thousand operations and attends to two lakhs emergency cases. JPMC is functioning with following Teaching Institutions:-

- Basic Medical Sciences Institute
- College of Nursing
- School of Nursing
- College of Physiotherapy
- College of Occupational Therapy
- Sindh Medical College

➤ College of Medical Technology

7. The briefing given by the officer is classified under following heads:-

- i. The functions of the JPMC
- ii. Teaching Institutions under JPMC
- iii. Financial support
- iv. Organizational structure
- v. Specialties
- vi. Out Patient Clinics
- vii. Diagnostics Facilities
- viii. Blood Bank Facilities
- ix. Radiological Services
- x. Postgraduate Trainees
- xi. Revenue Generation
- xii. Approved Projects

8. The briefing was followed by an intensive question/answer session. The main focus of the discussion was the budgetary provisions of the Hospital and unlawful encroachments within and outside its precincts. The ED among other things detailed the budget of the Hospital for the financial year 2009-10 as under:-

Federal Hospital	915,000,000
BMSI	28,141,000
College of Nursing	9,234,000

9. The Committee was informed that 68% of the total budget of the Hospital is spent on the salaries of the employees of the Hospital. There has been an increase of Rs. three and a half crore in the budget of the current fiscal year as compared with the budget of the previous year. The budget of the Hospital is also supplemented through Zakat and assistance through 16 NGOs operating in the Hospital. During the fiscal year 2008-09 an expenditure of Rs. 7,227,697/- was made through Zakat funds and 3681 people got the benefit of

the treatment. In addition to this the Hospital also generates revenue through various services. During the fiscal year 2008-09 an amount of Rs. 40,193,005/- was generated. Out of this generated fund CT Scan for the Hospital was purchased by expending Rs. 20,986,025/-. The Committee was informed that the Hospital cannot spend the revenue generated by it. The revenue generated by it is deposited in the government treasury. The ED solicited assistance of the Committee for making provisions to enable the Hospital to spend the revenue generated by it for improvement of the Hospital and on provision of various facilities to the patients. **The Committee recommended that amount generated through revenue by the Hospital should be owned by it.**

10. The Secretary Health apprised the Committee with the working mechanism of various NGOs functioning in the Hospital. He informed the Committee that the government funds for the Hospitals are limited. However, these funds are supplemented with donations by philanthropists. The NGOs prioritize their own fields for offering assistance to the poor and needy patients. At times they also seek interference in the functioning of Hospital which is not desirable. Moreover, the people heading these NGOs also keep changing and this change in hands is accompanied with the change in their policies. In view of the existing law and order situation the Hospital administration is also confronted with the security issues of these NGOs.

11. The honourable Chairperson inquired from the DG (Health) and the ED whether there exists any transparent system in the Hospital to ensure that funds/assistance received by the Hospital from various donor agencies, NGOs and Zakat is utilized for the benefit of needy and poor patients. She was informed that the system of assistance adopted by NGOs and other agencies for provision of medical assistance to the poor patients varies from unit to unit. These NGOs issue chits to the needy for purchase of medicines from various medical stores. It transpired from the discussion that JPMC has no transparent system in place to ensure that the real beneficiaries of the funds received from the donor agencies and NGOs are poor and needy. **The honourable**

Chairperson expressed her deep concern on this issue and directed that JPMC should immediately place an effective and transparent system to channelize donations received from various quarters to the poor and needy patients. In addition to this the Chairperson also desired for an immediate need to impose check and balances on the functioning of NGOs in the Hospital and monitoring of funds received from donor agencies from abroad. The entire focus of the Hospital administration should be to make JPMC a model Hospital. Against this perspective the Committee also recommended constitution of a Board under Secretary Health for monitoring the funds. The Board would be in addition to already existing Hospital Advisory Board. The Board would meet quarterly to review the situation and apprise the Committee with its deliberations.

12. In addition to above the Committee also made following recommendations:-

- i. The Committee took due cognizance of 386 posts lying vacant in the Hospital and directed that a comprehensive report of vacant posts in all cadres/categories specifying their regional/provincial quotas should be submitted to the Committee within two months. The prescribed regional/provincial quotas should be strictly adhered to while filling in vacant posts.
- ii. Recruitment Rules of ex-cadre posts should be amended so as to create promotions avenues for 141 ex-cadre appointees in various grades who had not been promoted in their entire career.
- iii. A report should be submitted to the Committee regarding promotion incentives to the Doctors.
- iv. The grievances of Para Medical Staff of JPMC should be redressed on priority basis. The pay scales of the Para Medical Staff should be revised in the light of their counterparts in other Hospitals in the provinces. A report regarding implementation of Para Medical Council Act and Paramedics service structure as per policy of Ministry of Health should be submitted to the Committee at the earliest.
- v. The procedure regarding admission of nurses and all issues relating to them should be immediately attended to on priority basis and a report be submitted to the Committee.

- vi. The applicants for nursing training from the province of Balochistan should be encouraged. The Committee was informed that in the history of the Hospital lately only two candidates belonging to province of Balochistan applied for nursing training. The two candidates were selected and no fee was charged from them.
- vii. The Committee decided to hold another meeting on the JPMC in Karachi wherein Governor, Provincial Minister for Health and Nazim would be invited to elicit their views regarding revamping of the Hospital.
- viii. The KESC should be directed to exempt following three Hospitals/departments from load shedding:-
 - a). Jinnah Postgraduate Medical Center (JPMC), Karachi.
 - b). National Institute of Child Health (NICH), Karachi.
 - c). Directorate Central Health Establishment (DCHE), Karachi.
- ix. The Ministry of Health/Department of Health, Govt. of Sindh should strictly monitor the functioning of private laboratories and should draft a law in this context.
- x. All the laboratories functioning in the JPMC should be integrated to avoid duplication of tests.
- xi. A comprehensive career structure for the doctors serving in government owned Hospitals should be established and they should be allowed to do private practice in the Government Hospitals.
- xii. The Committee taking note of allocation of Rs. 3.23 billion for revamping/up-gradation of JPMC during the next five years directed for judicious spending of the amount and also for keeping the Committee abreast with the developments made with the fund.
- xiii. A comparative statement of the last five years regarding total allocation of the budget and the amount spent on drugs and medicines should be furnished to the Committee at the earliest.
- xiv. The Committee took note of various encroachments in and around the Hospital premises and unanimously held the view that the Hospital presented the look of a Bazar rather than a Hospital. There appeared to be an obvious lack of security in the Hospital despite growing lawlessness and militancy in the country. The Committee took a very serious note of this and directed the Hospital administration to submit to the Committee a comprehensive report on these accounts within a month. Similar

apprehensions were expressed by the Committee regarding lack of hygienic and sanitation standards in the kitchen of the Hospital, supplying food to the patients. The Committee held the view that maintaining requisite hygienic and sanitation standards in the kitchen of the Hospital and in and around the Hospital do not require massive funds. This reflects adversely on the administration of the Hospital. As such there is a dire need for upgrading the stature of the Hospital to the level as envisioned by its founder Quaid-e-Azam Muhammad Ali Jinnah. Against this perspective the Chairperson constituted a Sub-Committee comprising following Senators and officers of Ministry of Health and JPMC:-

i.	Senator Abdul Haseeb Khan	Convener
ii.	Senator Dr. Khalid Mahmood Soomro	Member
iii.	Senator Semeen Yusuf Siddiqui	Member
iv.	Dr. Umer Baloch	Member
v.	Dr. Rashid Jooma, DG Health	Member

15. The Committee would look into all issues of the Hospital relating to medicines, filling in of vacant posts, promotion prospects of ex-cadre employees, budget issues, establishing a system regarding transparent flow of funds received by Hospital from NGOs, donor agencies and Zakat, removal of encroachments, security issues and improvement of sanitation/hygienic standards of the Hospital. The Committee would suggest measures for making JPMC a model Hospital. The Sub-Committee would submit its report within two months.

16. The Director, NICH gave a presentation on National Institute of Child Health, Karachi. The briefing given by the officer is broadly classified under the following heads:-

- i. Organizational Structure
- ii. In Patient Departments
- iii. Neonatology Ward
- iv. Medical ICU

- v. Nephrology & Dialysis Unit
- vi. Oncology Unit
- vii. Surgical Department
- viii. Radiology Department

17. The Committee was informed that future plans of the Institute includes establishing of Neurology Unit, Endocrine Unit, Infectious Diseases Unit, Up-grading of Oncology and Transplantation Unit.

18. The Director, NICH brought to the notice of the Committee various issues hampering efficient discharge of its responsibilities by Hospital. The Committee duly appreciating the issues recommended as under:-

- i. The Committee took note of issue of acute shortage of doctors vis-à-vis patients and recommended that Ministry of Health should increase strength of doctors in NICH commensurate with patients.
- ii. The Hospital should be allowed to retain users charges for expending them for improvement of Hospital.
- iii. The Development budget of the Hospital should be increased reasonably.
- iv. Public Procurement Rules should be amended to facilitate Hospitals to make best purchases with minimum encumbrances.
- v. There should be little political interference in the administration of Hospital.

19. This was followed by briefing by Director, Directorate of Central Health Establishments, Karachi. He informed the Committee that Directorate of Central Health Establishments, Karachi an attached department of Ministry of Health. It was initially established in 1947 for health delivery in Pakistan. Subsequently, it was bifurcated as Ministry of Health and Directorate of Central Health Establishments. The present strength of the staff is as under:-

<u>BPS</u>	<u>No. of officials</u>
1-15	596
16-19	115
Total	<u>711</u>

20. The principle functions of the Directorate includes all administrative work relating to 24 Federal Govt. Hospitals/Dispensaries/Sea Ports/Airports/Check Posts located in various provinces. The officer briefed the Committee regarding provincial set up of the Directorate in various provinces. To a query of Chairperson Standing Committee it was informed that Ministry of Health/DCHE has among other things taken adequate measures for prevention of entry of travelers with swine flu. So far only one case of swine flu has been reported. The Ministry has already submitted a summary to the Prime Minister on the subject issue and has stored adequate medicines for prevention of the disease and in the next Hajj season two specialists will be deputed with Hajjis. The Pakistan's mission at Jeddah would be instructed to remain vigilant and report to the Ministry if any case of the disease is reported to them.

21. The Committee took note of sub-standard performance of Directorate of Central Health Establishments at various check posts in the country. The Director was informed that the check posts established by Directorate in various provinces are very poorly manned and virtually there is no monitoring of the incoming/outgoing travelers. The Committee recommended for strengthening of the check posts.

22. The meeting ended with a vote of thanks to and from the Chair.

Sd/-

(ABDUL SAMI KHAN)
JS/Secretary Committee

Sd/-

(SENATOR KALSOOM PERVEEN)
Chairperson Standing Committee
on Health

SENATE SECRETARIAT

Subject: - MINUTES OF THE MEETING OF SENATE STANDING COMMITTEE ON HEALTH HELD ON 11TH SEPTEMBER, 2009 AT ISLAMABAD

A meeting of the Senate Standing Committee on Health was held on 11th September, 2009 at 10.30 a.m. in the Committee Room No. 1, Parliament House, Islamabad under the Chairperson Senator Mrs. Kalsoom Perveen.

2. The agenda before the Committee was as under:-
 - (i) Briefing on:-
 - a). Progress report on the recommendations made by Senate Standing Committee on Health in its meeting held on 20th September, 2008 regarding absorption of a few medical officers in FGSH working on deputation from various provincial governments since long.
 - b). Implementation status of National Programme of Primary Health Care and Family Planning (LHWs Program) in the Provinces.
 - c). Justification for import of one thousand medicines of various kinds from China when such medicines of better quality are being locally produced.
 - (ii) Any other item with permission of the Chair.
3. The following members of the Committee attended the meeting:-

9. Senator Dr. Khatu Mal	Member
10. Senator Mrs. Farhat Abbas	Member
11. Senator Abdul Haseeb Khan	Member
12. Senator Abdul Razak A. Thahim	Member
13. Senator Mushahid Ullah Khan	Member
14. Senator Mrs. Rehana Yahya Baloch	Member
15. Senator Mrs. Saeeda Iqbal	Special Invitee

4. A list of officers of Ministry of Health, Federal Public Service Commission (FPSC) and officers of Attached Departments/Subordinate offices/Autonomous bodies etc., who attended the meeting is annexed.

5. The meeting started with recitation from the Holy Quran. The honourable Chairperson welcomed all participants to the meeting. Before commencing formal proceedings of the Committee she congratulated all the honourable members on the implementation of one of the recommendations made by the Committee in its meeting held on 6th August, 2009 regarding annexation of vacant portion of land, part of Argentina Park with Federal Government Services Hospital (FGSH). The Government of Argentina has been gracious enough to provide 1.9 acres of land of Argentina Park to FGSH and has highly appreciated the recommendation of the Committee.

6. Elaborating on this issue the Secretary, Ministry of Health informed the participants that Argentina Park was established behind FGSH in recognition of highly valuable assistance provided by the Government of Argentina during the 1971 Pakistan – India war. The recommendation made by the Committee was brought to the notice of Ambassador of Argentina. He highly appreciated the recommendation and was deeply impressed by the effort made by the Committee for expanding the hospital which was primarily established for providing medical facilities to the Government servants and the poor and downtrodden of the area. The honourable Ambassador also expressed his surprise that no body had earlier made such proposal to him. He willingly agreed to donate 1.9 acres of land of the Park to the FGSH. An area of 3.8 acres, would still be retained as Argentina Park. The Block constructed on the land provided would be named as “Argentina Block”.

7. The honourable Ambassador requested for consultation with his government while framing and finalizing the design of the block so as to enable

the Argentinian Government to incorporate and reflect in the design salient features of Argentinian culture. He also made a commitment to supply necessary medical equipments etc. for the block.

8. Furthermore, the Secretary Health informed that the design/feasibility report of the block is being prepared by the PEPAC. The design would be duly shared with the Government of Argentina. The Ministry of Health would be provided with funds amounting to Rs. 4 billion for the block.

9. Subsequently, all the members of the Committee unanimously expressed their displeasure on the belated receipt of working papers of the meeting and informed Secretary Health that in case in future if the working papers of the meeting are not made available to them atleast three days prior to meeting they would stage a protest walk out from the meeting as the entire purpose of holding meeting get defeated if they are not with an opportunity to prepare themselves for the meeting. Secretary Health gave an assurance for compliance as desired by the honourable members. Thereafter, the Chairperson requested Secretary Health to proceed as per agenda items.

Agenda Item No. i (a)

10. The Senate Standing Committee on Health in its meeting held on 20th September, 2008 had inter alia recommended that Establishment Division and FPSC would finalize amendments in the recruitment rules within three months to facilitate appointment by transfer of provincial Government doctors in the Federal Government Hospitals. The recommendation was made by the Committee as the amendments earlier proposed by Ministry of Health in the recruitment rules to allow appointment by transfer of Provincial Government doctors in the Federal Government Hospitals was agreed by FPSC to the extent of PIMS only which was highly discriminatory as it limited its application only to one hospital and not applying to others. The Secretary Health while give

progress on the recommendation informed the Committee that the nine (09) doctors could not be permanently inducted in the FGSH as the 5% quota approved for induction of doctors on deputation in PIMS was somehow left out in case of doctors serving FGSH. He expressed his optimism that the issue would be resolved shortly.

11. Notwithstanding to that the Committee unanimously recommended that all the nine doctors whose parent departments have given them NOC for their permanent induction in FGSH should be permanently absorbed in view of following:-

- i. The amendment in the recruitment rules governing appointment of doctors in various hospitals under the administrative control of Ministry of Health allows only doctors serving in Pakistan Institute of Medical Sciences (PIMS) permanent induction whereas doctor serving in FGSH have been denied this privilege which is highly discriminatory.
- ii. Of the nine (09) doctors three female doctors have served FGSH for 15 – 19 years on deputation under wedlock policy of Establishment Division and their repatriation at any stage would place them at a very disadvantageous position vis-à-vis seniority issues.
- iii. The Executive Director, FGSH also endorsed professional competence of these nine doctors.

12. All the other participants also endorsed the recommendation. The Committee recommended that Ministry of Health would furnish compliance report on the recommendation to the Committee within 30 days.

Item No. i (b)

13. Dr. Iqbal Ahmed Lehri, National Coordinator gave a detailed briefing to the participants on National Programme for Family Planning and Primary Health. The briefing given by the officer encompassed following issues:-

- i. Goals and objectives of the programme
- ii. Programme targets
- iii. Programme Implementation Structure
- iv. Selection and Training of Lady Health Workers
- v. Scope of their work
- vi. Monitoring and evaluation

14. The officer during his presentation informed the committee that the programme is centrally funded and directed from the Federal level, but key operational decisions are taken at the provincial, district and community levels. The allocation of the budget is made on five yearly basis. As such the budget allocated for the period from 2003-08 amounted to Rs. 21.533 billion.

15. The briefing given by the officer was followed by a question/answer session. Based on the proposals made by the honourable members, the Committee made following recommendations:-

- i. Presently the programme envisaged recruitment of over one hundred thousand (100,000) LHWs to serve the country wide rural population. The committee found this number as insufficient and recommended for increasing the strength of LHWs.
- ii. The LHWs should essentially serve the same area/village from which she belongs.
- iii. The MNA/Senator of the area/region should be duly associated while making recruitment of LHWs.
- iv. The present monthly pay of an LHW amounting to Rs. 3,000/- was found to be highly meager. The pay should not be less than Rs. 6,000/- per month and the government should ensure that the payment of salaries are made to LHWs without any interruption/delay.
- v. There should be one LHW for a cluster of 50 houses in a village and women without any formal education should also be groomed as LHW.

- vi. Programme Supervisor and LHW should be from the same area/region.
- vii. Monitoring and Training system should be strengthened and primary education should be imparted to those eligible women who have no formal education.

Agenda item i (c)

16. The Director General, Health while giving briefing informed the participants that import of 547 products of various categories including New Chemical Entities, Hi-tech products, Anti Cancer drugs, Disposal Syringes, IV Sets and Canaulas, Bandages, Surgical Sutures & General Products pending since last eight months were approved by Drugs Registration Board, comprising of all stakeholders, constituted under Drugs Act, 1976. The Board took due cognizance of following:-

- i. Measures like auditing of manufactures abroad would be strictly enforced.
- ii. Imposition of duties on import of such drugs the raw material of which are being produced in Pakistan.
- iii. Restriction of import from any country is not barred.
- iv. Under WTO/TRIPS Pakistan is not bound to implement unnecessary restriction on trades.
- v. Efficiency of Chinese medicines.

17. The presentation made by the DG, Health was intensely debated. The Chairman, PPMA compared the hasty decision of DG Health for import of 547 products of various categories vis-à-vis the policy in vogue in other countries for registration of pharmaceutical companies. He informed the participants that for seeking registration in a foreign country a Pakistani pharmaceutical company has to make an initial expenditure of Rs. 4,600,000/- and that too with a waiting period of three years whereas the Ministry of Health has allowed registration of 547 medicines of various kinds in a few months which is very perplexing. Moreover, the decision would adversely affect the local pharmaceutical industry

which is producing better quality medicines and also at competitive rates. He further informed that the decision of the Ministry of Health would also have adverse impact on the foreign exchange of the country and would encourage influx of sub-standard medicines in the country. In addition to this approximately 800,000 peoples are employed in the pharmaceutical industry of Pakistan. This includes doctors, pharmacists and people with various specialties. In the aftermath of such decisions the operation of the industries would be reduced and may eventually lead to the their closure.

18. Against above perspective the Chairman PPMA proposed for revisiting of the health policy to safeguard the interest of all stakeholders. Senator Abdul Haseeb Khan also endorsed the viewpoint of the Chairman PPMA. **The honourable Chairperson appreciating the viewpoint of Chairman PPMA and Senator Abdul Haseeb Khan decided to associate two member of the committee i.e. Senators Dr. Khatu Mal and Abdul Haseeb Khan with the Drug Registration Board to review the entire process of approval of the Board for import of 547 Chinese medicines and submit a report to the Committee.**

19. The Committee also took a serious note of the report regarding supply of 3 crore of sub-standard Paracetamol tablets by a Shifa International, a Lahore based Pharmaceutical company. The Secretary Health informed the committee that prior to the purchase of these tablets samples were checked. The initial samples were found to be in accordance with the laid down parameters. However, the subsequent checking revealed a few variations and as such the payment to the company has been stopped by the Ministry. The firm has obtained a stay order from Lahore High Court. The Ministry has approached Supreme Court to seek its vacation. **The committee directed that Shifa International Pharmaceutical Company should be blacklisted and the Secretary Health would give a detailed report on the subject issue in the next meeting.**

20. The meeting ended with a vote of thanks to and from the Chair.

Sd/-

**(ABDUL SAMI KHAN)
JS/Secretary Committee**

Sd/-

**(SENATOR KALSOOM PERVEEN)
Chairperson Standing Committee
on Health**

SENATE SECRETARIAT

Subject: - MINUTES OF THE MEETING OF SENATE STANDING COMMITTEE ON HEALTH HELD ON 30TH SEPTEMBER, 2009 AT KARACHI

A meeting of the Senate Standing Committee on Health was held on 30th September, 2009 at 10.30 a.m. in National Institute of Cardio Vascular Diseases (NICVD), Karachi under the Chairperson Senator Mrs. Kalsoom Perveen.

2. The agenda before the Committee was as under:-
 - i. Briefing on:-
 - a). Functions and performance of **National Institute of Cardio Vascular Diseases (NICVD), Karachi** followed by a visit of the Committee to its various departments/units.
 - b). Current status of a mega project of NICVD, approved in December, 2005 regarding purchase of expensive machines at a cost of Rs. 500 million.
 - c). System of promotion/recruitment in vogue in NICVD with special reference to any out of turn recruitment/promotion and creation of any post to elevate a non deserving Doctor during the period 1992 – 2002.
 - ii. Any other item with permission of the Chair.
3. The following members of the Committee attended the meeting:-

16.	Senator Dr. Khatu Mal	Member
17.	Senator Mrs. Farhat Abbas	Member
3.	Senator Abdul Haseeb Khan	Member
4.	Senator Dr. Khalid Mehmood Soomro	Member
5.	Senator Mushaid Ullah Khan	Member
6.	Senator Mrs. Rehana Yahya Baloch	Member

4. The meeting started with recitation from the Holy Quran by Senator Abdul Haseeb Khan. At the outset of the meeting the honourable Chairperson noted with deep concern that the Ministry of Health was being represented by a Deputy Secretary in violation of Rule 145 (3) of the Rules of Procedure and Conduct of Business in the Senate, 1988 wherein it has been explicitly stated that the Secretary of the Ministry or Division concerned or an officer not lower in status than a Joint Secretary, designated in this behalf may attend the Committee meeting.

5. The Chairperson informed the Committee that the instant meeting was convened by her in the light of persistent complaints received by her against the management of NICVD and also to ascertain the veracity of irregularities/inconsistencies in the implementation of the mega project worth Rs. 500 million and irregularities in promotion in NICVD highlighted in the "Business Recorder" dated September 14, 2009 and "Star" dated September 30, 2009. The Ministry's callousness is reflection of a desperate attempt to conceal facts from the Committee. Elucidating the contents of agenda items she held the view that a Deputy Secretary of the Ministry of Health is not competent to give decisions on behalf of the Ministry on the issues to be discussed by the Committee and as such the entire purpose of holding the meeting would be an exercise in futility. The Chairperson took this non-presentation of the Ministry of Health at the desired level as an affront to the Committee. This was compounded by the disgraceful attitude exhibited by the ED, NICVD who even did not bother to receive the honourable members of the Committee at NICVD. The arrogance of ED, NICVD was further manifested when in the evening of 30th September, 2009 he telephoned the Secretary Committee threatening him to bring to the notice of Secretary, Ministry of Health the dishonour caused to him by the honourable members of the Committee by their undue criticism on his management of NICVD and his professional competence simply on the basis of reports of petty news reporters.

6. The Chairperson also took note of the fact that the working papers furnished by the Ministry to the members one day prior to the meeting pertained to agenda item I only whereas the working paper furnished by the Executive Director, NICVD at the time of commencement of the meeting included agenda items ii and iii. Thus deliberately little time was given to the honourable members of the Standing Committee to prepare themselves for the meeting. This tantamounts to concealing of facts from the honourable members of the Committee and breach of privilege of the Committee.

7. The ED, NICVD however, informed the Committee that he had sent a comprehensive working paper to the Ministry of Health and it is beyond his comprehension as to why the Ministry did not make it available to the Committee in its original form. In addition to this he also informed the Committee that the mega project regarding purchase of machinery for NICVD is being executed by the Ministry of Health. The project is being looked after by a Project Director who has been appointed by the Secretary Health and explanation of any issues relevant to the project fall under the domain of Ministry of Health/Project Director. The explanation offered by the ED was not taken well by the honourable members of the Committee.

8. The Committee impressed upon the fact that all over the world Standing Committees are the backbone of the Parliament and plays a pivotal role in effective functioning of the Parliament. Unfortunately, in Pakistan, the Committees are not being given their due place as is manifested by the indifferent attitude of the Ministry of Health towards Standing Committee. Thus there is a very urgent need to strengthen the institutions, already in process of deterioration. In case any urgent measures are not taken in this context, the entire government machinery would come to standstill.

9. In addition to above the Committee also held the view that the root cause of all the ills in the functioning of the government machinery lies with the bureaucrats as proved by their indifferent attitude towards the Senate Standing

Committee. As such there is a dire need to bring an overall change in the attitude of the bureaucrats if the government is sincere in bringing improvements in the system and mitigate the sufferings of the common man.

10. The Committee took non-representation of Ministry of Health at appropriate level in the meeting as laid down in Rules of Procedure and Conduct of Business in the Senate, 1988 as insult to the Committee. Displeasure was also expressed by the honourable members of the Committee that the Ministry of Health gave little consideration to the fact that a substantial amount of public money is expended on the TA/DA of the members who had come from far off places after pending their important and urgent commitments to their respective constituencies to attend the meeting in public interest. In view of this the Committee unanimously decided to cancel the meeting under protest. The Committee also decided to bring the issue to the notice of Prime Minister for soliciting his assistance for effective working of the Standing Committees.

11. The Committee also decided to hold its next meeting on 14th October, 2009 in Parliament House, Islamabad to discuss the agenda which was to be deliberated in the meeting scheduled on 30th September, 2009 at NICVD, Karachi.

Sd/-

(ABDUL SAMI KHAN)
JS/Secretary Committee

Sd/-

(SENATOR KALSOOM PERVEEN)
Chairperson Standing Committee
on Health

SENATE SECRETARIAT

Subject: - MINUTES OF THE MEETING OF SENATE STANDING COMMITTEE ON HEALTH HELD ON 17TH OCTOBER, 2009 AT ISLAMABAD

A meeting of the Senate Standing Committee on Health was held on 17th October, 2009 at 10:30 a.m. in the Committee Room No. 1, Parliament House, Islamabad under the Chairperson Senator Mrs. Kalsoom Perveen.

2. The agenda before the Committee was as under:-
 - i) Progress report on the recommendations made by the Committee in its meeting held on 17th August, 2009 at JPMC, Karachi.
 - ii) Any other item with the permission of chair.
3. The following members of the Committee attended the meeting:-

18. Senator Dr. Khatu Mal	Member
19. Senator Mrs. Farhat Abbas	Member
3. Senator Muhammad Zahid Khan	Member
4. Senator Abdul Haseeb Khan	Member
5. Senator Abdul Razak A. Thahim	Member
6. Senator Mrs. Semeen Yusuf Siddiqui	Member

4. A list of officers of Ministry of Health and Jinnah Postgraduate Medical Centre (JPMC), Karachi who attended the meeting is annexed.

5. The meeting started with recitation from the Holy Quran by Senator Abdul Haseeb Khan. The honourable Chairperson took a very serious note of the late arrival of the officers of Ministry of Health in the meeting. She held the view that this showed lack of interest on the part of officers of Ministry of Health in resolution of issues being confronted by the Ministry and its allied hospitals/department and impinges adversely on the sovereignty of the Parliament. The honourable Chairperson referring to the recommendations made by the Committee in its meeting held on August 17, 2009 in JPMC informed that

the Committee constituted a Sub-Committee under the **Convenership** of Senator Abdul Haseeb Khan to suggest proposals for revamping of JPMC, Karachi. Senator Abdul Haseeb Khan wrote a letter to the management of JPMC requesting for certain basic information/statistics about JPMC. The management of the JPMC took two months that too after her intervention to furnish the requisite information to Senator Abdul Haseeb Khan. This belated response from JPMC had hindered the timely completion of the report and as such the entire Standing Committee took strong exception to it.

6. The honourable Chairperson informed the Committee that principal objective of the Standing Committees of the Parliament was to strengthen the institutions, to bring improvements in the system in vogue in country. The indifferent attitude of the Ministry of Health towards working of Senate Standing Committee was proving counter-productive towards that goal. Hence needed to be rectified.

7. The JPMC, Karachi is one of the oldest hospital of Karachi and is catering to the medical needs of approximately two crore people of the province. There is virtually no system in vogue in JPMC with regard to provision of medical facilities to the poor patients, maintenance of required sanitation and security levels and requisite transparency in the flow of funds. As such there is dire need to place an effective system in JPMC to micromanage the hospital. Unfortunately, the response of the Management of JPMC towards this goal shows that it is not alive to the decline of JPMC.

8. Against above perspective the honourable Chairperson held the view that Ministry of Health is not setting up good traditions. However, in case of recurrence of such lapses in future on the part of Ministry of Health the Standing Committee would lodge a privilege motion in the House. Explaining, the absence of Secretary, Health in the meeting, the Chairperson informed the Committee that till October 16, 2009, the Secretary Health was committed to attend the meeting. On the morning of the 17th October, 2009 he conveyed his inability to attend the a meeting as he had been directed to attend a meeting chaired by President in

connection with launching of Shaheed Mohtrama Benazir Bhutto Nursing cadre Programme. As such the absence of Secretary Health from the meeting is based on a justified and a valid reason.

9. Senator Abdul Haseeb Khan held the view that convening of the meeting in the absence of Minister for Health and Secretary Health will not serve any purpose as such the meeting should be postponed. The honourable Senator recounted the attitude of the officers of Ministry of Health and the Director, NICVD in the meeting of the Committee held on September 30, 2009 at Karachi. He held the view that same attitude has been replicated by the Ministry in today's meeting. Referring to his request for seeking some basic data from JPMC, he informed the Committee that keeping in view the nature of information sought by him, the information should have been furnished within a week. The information sought by him related to site plan, security plan, HR statistics, balance sheet etc. which JPMC should have readily supplied. The submission of information was not only delayed inordinately but whatever information has been supplied to date is found to be highly deficient and lacking.

10. The honourable Senator informed the Committee that there are twenty-eight wards in the JPMC. All these wards are in a deplorable condition. There is no security arrangement, sanitation level is highly below the mark, there is no system for car parking and there is virtually no administrative control and monitoring mechanism on the supply of medicines/food to the patients. As a consequence of these deficiencies there is an extensive room for manipulation, and corrupt practices. All the systems in vogue in JPMC needs to be computerized to make it corruption free.

11. The Senator Mrs. Semeen Yusuf Siddiqui vehemently contended that the Convener of the Sub-Committee had inappropriately addressed the letter to Dr. Umer Baloch, as a consequence of which the receipt of information from JPMC was delayed. He should have adopted the right course and addressed the letter to Executive Director of JPMC. Moreover he also should have made prior

consultation with the members of the Sub-Committee by convening a meeting before making such reference.

12. The honourable Senator Dr. Khatu Mal also expressed his displeasure on the indifferent attitude of the Ministry of Health and the Director of NICVD as exhibited in the meeting of the Committee held on September 30, 2009 at NICVD, Karachi. The Ministry is not even mindful of the colossal expenditure, the Government has to bear on the meetings of Standing Committees. All this expenditure goes down the drain, when the objective for which these meetings are convened is not achieved.

13. Similar comments/views were also expressed by Senator Zahid Hussain who urged the Chairperson Standing Committee to initiate action against the defaulting officers of the Ministry/NICVD. He informed the Committee that major cause of the ineffective performance of Ministry of Health is the grant of additional charge of various posts to its officers. The officers cannot judiciously attend to their assignments and hence the projects suffer. **He advocated discontinuation of this practice and the Committee also unanimously recommended that especially in respect of National Programmes no dual charge should be given.**

14. The Additional Secretary, Ministry of Health tendered apology for his late arrival and gave an assurance that such unsavoury incidents would not be repeated in future. The Executive Director, JPMC referring to the complaint lodged by Senator Abdul Haseeb Khan regarding lukewarm response to his request for some information from JPMC clarified that the honourable Senator had addressed the letter seeking information regarding JPMC directly to Dr. Umer Baloch of JPMC, a member of the Sub-Committee constituted by the honourable Chairperson in the meeting of the Committee held on August 17, 2009 at JPMC. He incidentally came across the reference. As such he was totally unaware of the reference. Consequently, the submission of information to the honourable Senator was delayed. Nevertheless, he conveyed his regrets to the Committee on this account. The Executive Director also expressed his

gratitude to the Committee for having evinced interest in the performance of the JPMC and for making efforts for bringing in improvements. Furthermore, he informed that project titled “**Health Information Management Service**” of Ministry of Science and Technology envisages provision of 250 computers for the JPMC. He requested the members to expedite implementation of the project so that the computers are made available to JPMC. Systems in JPMC would be suitably computerized after the availability of these computers. The officer also informed that he would be retiring after two days. In order to ensure continuity of process he would give a detailed briefing to his successor on all the issues of JPMC. The Committee duly appreciated the services rendered by the officer in JPMC and hoped the officer continues to stay in JPMC.

15. **Concluding the meeting the Chairperson informed the Committee that she had intentionally constituted Sub-Committee comprising members hailing from the province of Sindh. The objective was to revamp the hospital which is in the process of decay. He suggested to the Convener and other members of the Committee to fix a date for visit of the Sub-Committee to JPMC, identify the issues on the spot and frame proposals for resolution of the problems. The report be submitted to her without any further loss of time.**

16. The meeting ended with a vote of thanks to and from the Chair.

Sd/-

(ABDUL SAMI KHAN)
JS/Secretary Committee

Sd/-

(SENATOR KALSOOM PERVEEN)
Chairperson Standing Committee
on Health

SENATE SECRETARIAT

Subject: - **MINUTES OF THE MEETING OF SENATE STANDING COMMITTEE ON HEALTH HELD ON 30TH OCTOBER, 2009 AT ISLAMABAD**

A meeting of the Senate Standing Committee on Health was held on 30th October, 2009 at 10:30 a.m. in the Committee Room No. 1, Parliament House, Islamabad under the Chairperson Senator Mrs. Kalsoom Perveen.

2. The agenda before the Committee was as under:-
 - i. Briefing on:-
 - a). Functions and performance of **National Institute of Cardio Vascular Diseases (NICVD), Karachi.**
 - b). Current status of a mega project of NICVD, approved in December, 2005 regarding purchase of expensive machines at a cost of Rs. 500 million.
 - c). System of promotion/recruitment in vogue in NICVD with special reference to any out of turn recruitment/promotion and creation of any post to elevate a non deserving Doctor during the period 1992 – 2002.
 - d). Implementation status of National Programme of Primary Health Care and Family Planning in all the four provinces.
 - ii. Any other item with the permission of chair.
3. The following members of the Committee attended the meeting:-

20. Senator Dr. Khatu Mal
21. Senator Mrs. Farhat Abbas
7. Senator Muhammad Zahid Khan
8. Senator Abdul Haseeb Khan
9. Senator Mushahid Ullah Khan
10. Senator Mrs. Rehana Yahya Baloch
11. Mir Aijaz Hussain Jakhrani
Minister for Health
Ex-officio member

4. A list of officers of Ministry of Health and National Institute of Cardio Vascular Diseases (NICVD), Karachi and Provincial Coordinators of National Programme of Primary Health Care and Family Planning who attended the meeting is annexed.

5. The meeting started with recitation from the Holy Quran followed by brief introduction of participants. The honourable Chairperson welcomed all the participants to the meeting and initiated deliberations as per agenda items.

Item No. i (a) & (c)

6. The honourable Chairperson drew attention of the Minister/Secretary Health to indifferent and insolence attitude of the Executive Director, NICVD exhibited by him during the meeting of the Standing Committee scheduled to be held on 30th September, 2009 at NICVD, Karachi. The Chairperson informed that principal objective of visit of the Committee to an institution is to have on the ground assessment of that institution so as to bring in improvements in that institution and also to address injustice, if any, caused to the employees of that institution. The Committee represents masses and is as such accountable to them. But it has been observed, especially in the context of NICVD that the officer had manifested reluctance to get its hospital inspected to hide his own misdoings and on the top of it had been using disrespectful language for the members of the Committee. Furthermore, she informed the Committee that because of intervention of the Committee two employees of NICVD have been promoted after a passage of twenty years. She also recounted her efforts securing for expansion of FGSH, Islamabad which was due since long.

7. Against above perspective she informed that problems relating to Ministry of Health and its attached department would be resolved and progress would be made only with mutual co-operation and respect. In the case of NICVD, the attitude of its Director had been highly unco-operative and resentful.

8. Senator Muhammad Zahid Khan also showed his concern regarding absence of Director General, Health in the meeting. He held the view that the officer gives scant respect to the members of the Committee. **He proposed to the Committee that the officer should be invariably made attend the meetings of the Committee and in case of pre-occupation of the Secretary Health he should be directed to give briefings to the Committee.** He even protested to stage a walk-out from the Committee meeting because of non-attendance of DG, Health in the meeting. The Senator also expressed his desire to help the Ministry for resolution of his problems as they are getting adverse reports regarding the performance of Ministry and its institutions like NICVD. Similar views were also expressed by Senator Mushahid Ullah Khan and Dr. Khatu Mal. Senator Abdul Haseeb Khan held the view that issue of NICVD and JPMC are such that they require on indepth study to arrive at the root causes of their below the standard performance. **The Committee unanimously recommended proposal made by Senator Muhammad Zahid Khan.**

9. **In view of the foregoing the Committee refused to take briefing from the ED, NICVD and unanimously recommended to Minister for Health that he should be suspended forthwith.**

10. Nevertheless, it was subsequently decided that ED, NICVD may brief the Committee in brevity. The ED briefed the Committee only on its functions and organizational structure. He informed the Committee that NICVD is governed by a Governing Body comprising following:-

- | | | |
|---|--------------------------------------|---------------|
| ▪ | Minister for Health | Chairman |
| ▪ | Secretary, Ministry of Health | Vice-Chairman |
| ▪ | Director General, Ministry of Health | Member |
| ▪ | Executive Director, NICVD | Secretary |
| ▪ | Nominee FPCCI | Member |
| ▪ | Two Nominees Federal Government | Members |
| ▪ | Nominee A.G. of Pakistan | Member |
| ▪ | Two Nominees Sindh Government | Members |

11. The ED informed the Committee that it is mandatory for the Governing Body to conduct four meetings in a year and inter alia is also responsible for patient care. The Secretary Health informed that the service matters of the employees of NICVD are also looked after by the Governing Body. Normally, the Governing Body ensures that the Services Rules as approved by Establishment Division and implemented in the Federal Government are also applied on the employees of NICVD.

12. The Minister for Health informed the Committee that when he took over he noticed that the Governing Body of NICVD is not holding its mandatory meetings and as such there was a considerable backlog of pending cases. He, therefore, held the meetings of the body and got cleared the pending cases.

13. In view of above the Committee held the view that root cause of all the ills in the NICVD was that the Governing Body did not conduct its mandatory meetings. The Committee, therefore, unanimously recommended as under:-

- i. **Minutes of the meeting held by the Governing Body of NICVD during the last three years be furnished to the Committee.**
- ii. **The Sub-Committee constituted by the honourable Chairperson would look into the injustices in promotion made in NICVD during the last 10 years.**
- iii. **In future the minutes of the meeting of the Governing Body should be invariably endorsed to the Standing Committee.**

ITEM NO. i(b)

14. The Project Director, NICVD gave a presentation to the Committee on the project titled "Replacement & Purchase of Equipment for NICVD, Karachi." He informed the Committee that the project was approved by ECNEC on April 22, 2006. It started on July, 2006 for a period of two years i.e. fiscal years 2006-07 and 2007-08 and was later extended to 2009-10. During the fiscal years from 2006-2010 an amount of **Rs. 796.279 million** was provided in the PSDP. As per

approved PC-I the project was phased for **Rs. 658.625 million**. During the fiscal years 2006-2010 an amount of **Rs. 513.057 million** was released and out of this released amount **Rs. 370.334 million** was expended. **Rs. 144.500 million** could not be released by Ministry of Finance due to financial constraints.

15. In order to conduct and oversee all the operations of the entire project a Steering Committee was constituted by Federal Ministry of Health at NICVD. Giving the current status of the project the officer informed that following items are yet to be commissioned:-

- i. Single – Plane angiography unit
- ii. Bi-Plane angiography unit
- iii. 64-Slice helical CT Scan
- iv. Other items like renovation of existing A/C ducting etc. and revamping of electrical wiring of NICVD have also not yet been completed.

16. The officer further informed that CT Scan machine was not part of the project and as such he felt jolted when he was informed that CT Scan machine was to be housed on the first floor of NICVD. However, he conducted extensive structural survey, reinforced floor with Burma teak and steel girders and this whole process took six months.

17. The honourable Chairperson expressed his resentment and deep concern over this inordinate delay. She was of the view that the delay was reportedly done deliberately to assist the private practitioners to do a roaring medical business at the cost of poor patients who visit NICVD for cardiac treatment from the remote areas of all the four provinces of the country. She informed the Committee that in order to prove her point she is in possession of credible evidence in this regard. **She directed the Project Director that CT Scan machine should be installed and be made operational within two months otherwise he would be sent home.**

18. **The Chairperson constituted a Sub-Committee under her comprising following members:-**

- i. **Senator Abdul Haseeb Khan**
- ii. **Senator Dr. Khalid Mehmood Soomro**
- iii. **Senator Muhammad Zahid Khan**
- iv. **Senator Mrs. Rehana Yahya Baloch**

The Committee would shortly visit NICVD, Karachi to have on the ground assessment of the project and give its report within a month. Prior to the visit of the Committee a copy of PC-I of the project and Audit report be made available to the Committee. The Secretary Health gave an assurance that AGPR could be requested for the Audit of the project.

Item No. i (d)

19. The Chairperson expressed her satisfaction on the overall performance of the Programme. She was, however, apprehensive regarding implementation of National Programme of Primary Health Care and Family Planning in the province of Balochistan. He informed the Committee that the funds allocated to the province for the programme are being misused by the officers/officials entrusted with the responsibility of execution of the programme. The lack of interest by the officers/officials of the province of Balochsitan is exhibited by the fact that this is the second time that Provincial Coordinator of the province of Balochistan failed to attend the meeting of the Committee.

20. **The Committee unanimously recommended that the officer be immediately summoned to report to the Chairperson in her office to clarify his absence from the meeting. The Chairperson also requested the Secretary Health to forbade the officer to make direct correspondence with her on official issues. He should correspond through proper channel.**

21. The Committee unanimously endorsed the proposal of Senator Muhammad Zahid Khan for constitution of Sub-Committee in each province to oversee and monitor implementation of following national programmes in the provinces:-

- National Program of Primary Health Care and Family Planning (LHWs Programme)
- National MNCH Programme
- Expanded Program on Immunization
- National TB Control Programme
- National Rollback Malaria Programme
- National AIDS Control Programme
- National Nutrition Programme
- National Hepatitis Control Programme
- National Blindness Control Programme
- National Health Information Resource Centre (NIHRC)
- National Health Policy Unit

22. Accordingly, the Chairperson approved constitution of following four Sub-Committees:-

S. No.	<u>Province</u>	<u>Sub-Committee</u>
i.	NWFP	Senator Mrs. Farhat Abbas
		Senator Muhammad Zahid Khan
ii.	Balochistan	Senator Mrs. Kalsoom Perveen
		Senator Mrs. Rehana Yahya Baloch
iii.	Punjab	Senator Mushahid Ullah Khan
		Senator Dr. Mrs. Saeed Iqbal
iv.	Sindh	Senator Abdul Haseeb Khan
		Senator Dr. Khalid Mahmood Soomro
		Senator Dr. Khatu Mal

23. The Sub-Committee would give their reports to the Chairperson within two months.

24. The Senator, further requested the Minister/Secretary Health to recruit National Programme Managers (NPM) on priority basis for better and effective co-ordination with the Sub-Committees. He was given assurance that NPM's would be in place shortly as the summary for the Prime Minister has been submitted and approval is being awaited by the Ministry.

Item No. ii

Permanent Absorption of nine (09)
Doctors serving in FGSH, Hospital on deputation

25. The honourable Chairperson informed the Committee that Secretary, Establishment Division, has been especially invited by her to ascertain the current status of the "Summary for the Prime Minister" dated October 10, 2009 submitted by Ministry of Health, through Establishment Division regarding permanent absorption of nine (09) doctors serving in Federal Government Services Hospital under Ministry of Health for last many years on deputation basis due to different compelling reasons particularly the posting of their spouses in the Federal Government.

26. The honourable Chairperson informed the participants that Standing Committee took up this issue twice i.e. in the meetings of the Committee held on September 20, 2008 and September 11, 2009. The Committee recommended that in order to mitigate the sufferings of the nine (09) doctors they be immediately absorbed in the Federal Government Services Hospital (FGSH). These doctors should not be at any stage repatriated to their parent departments.

27. Attention of the Secretary Establishment Division was also drawn by her to the fact that rules governing hospitals under the administrative control of Ministry of Health are the same. These rules have been amended by the

Government only to provide permanent induction of deputationists serving in PIMS only which is highly discriminatory and violation of human rights. The rules should have uniform application in all the hospitals.

28. The Standing Committee in its meeting held on September 20, 2008 inter alia also recommended as under:-

“Establishment Division and FPSC would finalize amendments in the Recruitment Rules in consultation with Law Division within three months to facilitate appointment by transfer of provincial Doctors in the Federal Government Hospitals”.

29. The Committee expressed her deep concern that despite passage of over one year no visible progress has been made by Establishment Division for incorporation of the desired amendment in the recruitment rules.

30. Responding to above the Secretary Establishment informed the Committee that he is very favourably examining the issue. He is even contemplating an amendment in the recruitment rules for making provision for 10% quota for permanent absorption of doctors serving on deputation subject to maintenance of provincial/regional balance. He solicited direction from the Committee that he may first get the recruitment rules amended incorporating the proposed 10% quota and subsequently submit the summary to the Prime Minister.

31. **The Committee unanimously recommended that the “summary for the Prime Minister” regarding permanent induction of nine (09) doctors submitted by Ministry of Health on September 10, 2009 in response to advice of Establishment Division vide O.M No. 9-9/2008-Council dated March 19, 2009 be immediately endorsed by the Establishment Division to the Prime Minister for his approval and Establishment Division should concurrently initiate the process for making provision in recruitment rules for permanent induction of 10% doctors annually serving in Federal Government on deputation from various provinces and finalize the**

proposed amendment by November 20, 2009. The Secretary Establishment gave an assurance to the Committee for implementation of the recommendation. The Committee appreciated the positive response shown by Secretary, Establishment Division on the subject issue.

Completion of Sheikh Zaid Hospital, Quetta

32. Senator Mrs. Rehana Baloch drew attention to the neglected state of Sheikh Zaid Hospital, Quetta. She requested Minister and Secretary, Health for immediate initiation of measures to complete the project to mitigate the sufferings of the people of Balochistan. The Secretary, Health briefly explained the present condition of hospital and informed the Committee that the hospital was gifted to Pakistan by UAE. The UAE government has not yet provided machines for the hospital. The technicians to be deputed on these machines have also been trained, as required by the UAE government but the matter regarding installation of machine is still in status quo. **The Committee decided that in the next meeting of Committee the Ambassador of UAE should also be invited.**

33. Senator Rehana Yahya Baloch also raised the issue regarding injudicious way of working of Health Department, Govt. of Balochistan. The schemes designed by the Department do not cater for the well being of entire populace but cater only for a specific clan. This needs to be look into to rectify the situation.

34. **Against above perspective the Committee decided to visit the province to have on the ground assessment of the existing state of affairs of Sheikh Zaid Hospital, Quetta. Possibilities would also be explored for generating funds for the hospital and Minister for Health, Government of Balochistan would also be invited to attend the meeting to be convened in the province. Prior to the visit the DG, Health would furnish to the Committee all the background record of the hospital.**

35. Senator Abdul Haseeb Khan drew attention of Minister of Health to his letter dated August 8, 2009 regarding issuing of notification of registration of drugs based on the recommendation of the Ministry of Health. The Minister for Health informed him that to ward off any legal complication he had decided to cancel registration of all the drugs. Hence registration of drugs would now be notified afresh after the meeting of the Board due to be held on 8-9 November, 2009. **The Chairperson directed that minutes of the meeting of Board scheduled to be held on 8-9 November, be made available to the Committee.**

36. The meeting ended with a vote of thanks to and from the Chair.

Sd/-
(ABDUL SAMI KHAN)
JS/Secretary Committee

Sd/-
(SENATOR KALSOOM PERVEEN)
Chairperson Standing Committee
on Health

SENATE SECRETARIAT

Subject: - MINUTES OF THE MEETING OF SENATE STANDING COMMITTEE ON HEALTH HELD ON 2ND JANUARY, 2010 AT ISLAMABAD

A meeting of the Senate Standing Committee on Health was held on 2nd January, 2010 at 10:30 a.m. in the Committee Room No. 1, Parliament House, Islamabad under the Chairperson Senator Mrs. Kalsoom Perveen.

2. The Committee discussed the agenda in the following order:-
 - i. Briefing on:-
 - a. Current status of recommendation made by the Committee in its meeting held on August 6, 2009 regarding provision of open space behind Federal Government Hospital, presently used as a Park to FGSH for its expansion.
 - b. Incidents of criminal negligence of doctors which led to the death of MNA, Faiz Muhammad Khan and Huma Akram at PIMS, Islamabad and Doctors Hospital, Lahore respectively and measures being contemplated by the Ministry to prevent recurrence of such incidents.
 - c. Formulation of a unified policy at Federal level to regulate/monitor private health sector.
 - d. Implementation status of National TB Control Programme in the provinces.
 - ii. Details of inquiry pursuant to recommendation made by the Committee in its meeting held on September 11, 2009 regarding supply of sub-standard Paracetamol tablets worth Rs. 3 crore to Ministry of Health by a Lahore based Pharmaceutical Company.
 - iii. Measures being adopted by Ministry of Health/Drug Registration Board to protect local pharmaceutical industry producing quality medicines at competitive rates.
 - iv. Any other item with the permission of chair.
3. The following members of the Committee attended the meeting:-
 22. Senator Dr. Khatu Mal
 23. Senator Mrs. Farhat Abbas

3. Senator Abdul Haseeb Khan
4. Senator Abdul Raziq
5. Senator Mushahid Ullah Khan
6. Senator Muhammad Ghufraan Khan
7. Senator Mrs. Rehana Yahya Baloch
8. Senator Mrs. Semeen Siddiqui
9. Makhdoom Shahbuddin
Minister for Health
Ex-officio member

4. A list of officers of Ministries of Health, Law and Justice, Cabinet Division, Capital Development Authority (CDA) and Provincial Coordinators of National TB Control Programme who attended the meeting is annexed.

5. The meeting started with recitation from the Holy Quran by Senator Abdul Haseeb Khan. Thereafter, the honourable Chairperson welcomed all the participants to the meeting. Before commencing the formal proceedings of the meeting the honourable Chairperson requested all the participants to offer Fateh for the innocent victims of suicide attacks on Ashura procession in Karachi, Laki Marwat and the sad demise of mother of Senator Dr. Khalid Mehmood Soomro. The Chairperson condemned strongly these incidents and expressed her deep apprehensions on the ransacking and arson of shops by violent mobs in the Boulton Market, Karachi and prayed to the God Almighty for the stability and solidarity of the country.

6. The honourable Senator Abdul Haseeb Khan took permission from the chair for expressing his views on a few issues on which the Committee in its meeting held on September 11, 2009 had made specific recommendations but to-date the Ministry of Health has not yet taken any measures to implement them. The honourable Senator while referring to the recommendation made by the Committee regarding import of disputed 547 drugs from China informed the Committee that excluding these disputed drugs the remaining drugs were to be allowed to be registered in accordance with policy guidelines on the subject issue promulgated by Ministry of Health. The Ministry of Health has not yet taken any

action in the light of the guidelines issued by them. Consequently, the local pharmaceutical industry of Pakistan is being adversely affected and in case the action by the Ministry is delayed any further it may eventually lead to the closure of the domestic industry. He, therefore, urged DG, Health to initiate necessary action in this context to avert any catastrophic consequences. **The DG, Health responded that the issue as pointed out by the honourable Senator would be included in the agenda of the next meeting of the Drug Registration Board for examination and firming up a decision.**

7. Later, the Minister for Health expressed his gratitude to the honourable Chairperson of the Committee for extending an invitation to him for the meeting. He informed the Committee that he has recently been entrusted with the responsibilities of Ministry of Health and being new to the job is still in settling process. Nevertheless, he informed the Committee that he would extend his full support for resolution of various issues pending with the Ministry. Furthermore, he conceded that there are quite a few shortcomings in the Ministry and he would try his best with the wisdom of the honourable members of the Committee to resolve them. He expressed his full confidence in the competency and administrative prudence of the Secretary Health and expressed his optimism that with his rich experience all the pending issues would be resolved.

8. The honourable chairperson of the committee requested Ministry of Health to brief the Committee as per agenda items.

Item No. i (a)

9. The honourable Chairperson recounted her efforts regarding annexation of vacant portion of land, part of Argentina Park with Federal Government Services Hospital (FGSH). She informed the Committee that government of Argentina had been gracious enough to provide 1.2 acres of land of Argentina Park to FGSH in pursuance of recommendation made by the Committee. The honourable Ambassador of Argentina had also requested the Ministry of Health to seek their prior consultation while framing and finalizing the

design of the new block of the Hospital to enable the Argentinian government to incorporate and reflect in the design salient features of Argentinian culture and he even made commitment to supply necessary medical equipment etc. for the new block. However, to her dismay the matter is pending with the CDA and the Ministry of Health is still waiting for handing over the possession of the said land to the management of FGSH.

10. The Executive Director of FGSH informed the Committee that the CDA has not yet deputed any officer/official to take necessary measurements for the piece of land required to be handed over to the management of FGSH. He expressed his concern that CDA has delayed the matter inordinately for no rhyme and reason and no immediate breakthrough is expected from them in this regard.

11. Responding to the observations made by the ED, FGSH, the Member Planning and Development, CDA informed the Committee that CDA is in total agreement with the recommendation of the Standing Committee however, the matter regarding issuance of NOC to FGSH for construction of the proposed block of the Hospital would be taken up in the next meeting of the CDA's Board and the NOC would be issued after its approval. The officer suggested to the Committee that the Ministry of Health should furnish to them a fresh proposal in this regard to enable them to place it before the next meeting of the Board. The proposal made by the Member Planning and Development, CDA was not taken well by the Committee and representatives of Ministry of Health. **The honourable Chairperson taking due cognizance of the fact that the matter has been delayed by the CDA on no convincing reasons directed that the land be measured and the NOC be arranged by CDA for the new block by Tuesday, 5th January, 2010. The Committee unanimously endorsed it. The Member, Planning and Development, CDA Board was also directed to fax a copy of the NOC to the honourable Chairperson.**

Item No. i (b)

12. The ED, PIMS summarized events leading to the demise of Mr. Faiz Muhammad, MNA. She informed the Committee that the late honourable MNA was brought to the Courtesy Centre of PIMS at 4:41 pm with a high grade fever (102 F), a respiratory rate of 44 per minute, pulse rate of 100 per minute and a BP of 150/90. The patient was transferred from Ayub Medical College on his own request and the notes recorded by the Ayub Medical College did not show any sign of disease.

13. The patient was received by Dr. Farrukh Kamal, Dy. Director on duty and Dr. M. Azeem Khan, a Senior Postgraduate Doctor. Consultant Incharge Prof. Nighat Bilal was informed about the arrival of the patient by Dr. Azeem. She reached the VIP Ward wherein the late MNA was admitted on 5:50 pm. The patient collapsed in the Ward, prior to his transfer to Intensive Care Unit (ICU).

14. The incident was discussed at length and the Committee concluded as under:-

- i. The honourable MNA died because of criminal negligence of the doctors. Keeping in view his medical condition he should have been taken directly to ICU instead of to a VIP Ward.
- ii. The deceased MNA was not provided with any prior medical support. The Doctor on duty informed the Consultant Incharge belatedly i.e. at 5:35 pm whereas the deceased MNA was received in the Courtesy Centre of the PIMS at 4:41 pm in a serious medical condition. The Consultant Incharge arrived in the VIP Ward at 5:45 pm when the patient had already collapsed.

15. The ED, PIMS admitted that the afore-listed lapses pointed out by the Committee. The issue was deliberated at length and following recommendations were made by the Committee:-

- i. The Committee held the view that senior Doctors in the Hospitals lack job commitment and are always more focused on their private practices than on their work at the Hospitals they are serving. In the instant case also the Consultant Incharge arrived in the VIP

Ward after a lapse of 45 minutes, a crucial period for the seriously ill patient. **As such the doctors attending the patient should be held accountable for the negligence and should be proceeded against as per rules.**

- ii. **The registration process at the Courtesy Centre should be simplified and should be made less time consuming so that the patient immediately on arrival gets the emergency treatment without delay.**
- iii. The DG, Health informed the Committee that no specific guidelines have been issued regarding responsibilities of the Doctor on call. However, they are not allowed to leave the metropolitan area and are morally bound to respond to emergency calls from the Hospitals. The Committee recommended that in view of the existing traffic scenario and law and order situation the **doctors on call should be provided accommodation as near as possible to their Hospital to enable them to reach patients in emergency within minimum possible time.**
- iv. The DG, Health informed the Committee that there is a dire need for simplifying the cases to meet emergency cases in the Hospitals. To illustrate his viewpoint informed the Committee that there are no Courtesy Centers and Parliamentary Corners in the Hospitals all over the world. **The procedures to receive patients in Hospitals all over the world have been standardized for patients coming from all segments of society. Due to non-availability of standardized procedures in hospitals most of the valuable time of the doctors is consumed to meet protocol formalities of the VIPs than to provide requisite medical assistance to the in coming patients. As a result of this patients suffer and unforeseen casualties occur in the Hospitals. The Committee unanimously endorsed the viewpoint of the DG, Health.**
- v. **Similar viewpoint were also expressed by the honourable Senator Abdul Raziq who advocated the ranking of the Hospitals in accordance with facilities available in them. This is all the more necessary to ward off any unforeseen casualties. The DG, Health deeply appreciated the proposal made by the honourable senator and held the view this is the need of the hour. In support of his proposal the DG, Health also informed the Committee that the proposal of the honourable Senator is in line with the global practice where the Hospitals are ranked and categorized on the basis of the medical facilities available with them and even the ambulance drivers are well versed with this ranking and they invariably**

take emergency patients to the Hospitals as per their ranking so that the patient is comprehensively attended to.

- vi. The DG, health also held the view that a communication must be issued intimating transfer of a patient from one Hospital to another to enable the Hospital at the receiving end to prepare to receive the incoming patient. In the instant case no communication was issued by Ayub Medical College to the PIMS informing about the arrival of the patient.**
- vii. The Chairperson raised the issue regarding monitoring of funds provided to the provinces. The Ayub Medical College kept the patient for six days and could not identify the exact disease of the deceased MNA. The Federal Secretary Health should immediately call a meeting of all the provincial Health Secretaries to identify and discuss their responsibilities and the SOPs being followed by them for transfer of a patient from one Hospital to another and to meet further emergencies.**

16. Against above background the Secretary Health informed the Committee that the matter is in the Supreme Court and as such is subjudice. The decision of the Supreme Court should therefore, be awaited.

Item No. i (c)

17. The Committee was informed that there is no legislation at Federal level for regulating and governing the entry i.e. licensing and registration of health professionals in private sector health care. Legislation, monitoring of the private health sector care is under the domain of provincial governments. However, there is a dire need at federal level and provincial level to regulate private health providers in the country and the new health policy will take care of this issue.

Item No. i (d)

18. The National Programme Coordinator of National TB Control Programme gave detailed briefing. The salient features of the briefing given by the officer is classified under following heads:-

- i. Vision, Goal and Objectives
- ii. Roles and Responsibilities at National, Provincial and District Level

- iii. Fund Utilization
 - iv. PSDP allocation 2009-10
 - v. The global fund resource for TB Control
 - vi. Implementation of the Programme in various provinces
19. The officer in his briefing gave funds utilization position of funds from 2005 to November, 2009 as under:-

a.	PC-I Allocation	Rs. 1,184.411 Million
b.	Actual Amount Released	Rs. 514.50 Million
c.	Actual Expenditure	Rs. 364.884 Million

20. Referring to the PSDP allocation for the year 2009-10 he give the picture as under:-

i.	Total Allocation	Rs. 230.000 Million
ii.	Ist & 2 nd Qtr. Released	Rs. 57.50 Million
iii.	Expenditures	Rs. 53.70 Million

21. In addition to the government funding the National Programme gets grants from various international agencies. The Ministry of Health through support from public sector helps provinces for implementation of the Programme in the following fields:-

- Human Resource
- Drugs
- Chemicals and Lab Equipment'
- Vehicles for District TB Coordinators and Motorcycles for TB facilitators
- Printed Material
- Microscope
- Trainings

22. Furthermore, the officer informed the committee that there are 5000 treatment centers for TB patients. The province-wise distribution of Diagnostics Centers is as under:-

<u>S. No.</u>	<u>Province</u>	<u>No. of Districts</u>	<u>No. of Diagnostics Centre</u>
1.	Punjab	35	477
2.	Sindh	23	265
3.	NWFP	24	203
4.	Balochistan	28	110
5.	FATA	7	24
6.	NA	5	22
7.	AJK	8	62
	Total		1163

23. The briefing was followed by an intensive question/answer session. The Committee in order to make the Programme more effective recommended following measures for control of TB in Pakistan:-

- i. **In view of the contagious nature of the disease the Ministry of Health should establish sanatoriums in province for treating TB patients.**
- ii. **A list of Diagnostics Centre in each province should be provided to the members of the Committee.**
- iii. **An intensive campaign should be launched by the Ministry in each province to create awareness among the masses about the disease.**
- iv. **The Ministry of Health should focus on the prevention of TB among the people living in District Chaggi, Balochistan. In the wake of Nuclear test in the area conducted by the government of Balochistan the prevalence of disease is common even among the newly born children.**
- v. **The Ministry of Health should conduct its pilot projects in those areas where there is a large incidence of the disease. It was pointed out that TB is a common disease among the people living in Tharpar District province of Sindh. It was recommended that a pilot project should be initiated in the district on priority basis.**

- vi. **In the next meeting of the Committee the Ministry of Health would apprise the Committee with details of funds received from various resources for prevention of TB in Pakistan and there utilization for the purpose.**
- vii. **The incidence of TB is rampant in the province of Balochistan. The Ministry of Health in its next meeting would give detailed briefing exclusively on prevalence of disease in the province and measures adopted for its prevention.**

Item No. ii

24. The Chairman, Quality Control gave a detailed briefing to the participants regarding supply of grossly substandard Paracetamol tablets 500 mg to National Programme for Family Planning and Primary Health Care. The officer informed that National Programme for Family Planning and Health Care placed a supply order to M/s Shifa Laboratories (Pvt) Ltd., Lahore for supply of 1,522,899x200 tablets into 220 days at the rate of Rs. 47.37 per pack of 200 tablets. A total payment of Rs. 36,694,886.17 was released to the firm till 13.03.2009. Rs. 35,444,839.46 have been held back due to the quality issues of the tablets.

25. The honourable Supreme Court of Pakistan took a suo moto notice of supply of substandard tablets on April 18, 2009 and on the directions of the Court the sample of tablets were sent to Central Drugs Laboratory (CDL), Karachi for analysis who declared the drugs as of substandard quality with potency ranging from 16.64% to 60.98% against the required standard of 100% +/- 5%. The firm invoking section 22(4) of the Drugs Act, 1976 requested for testing of samples by the Appellate Laboratory as provided in Section 22(5) of the Drugs Act, 1976. Accordingly, the samples were sent to NIH who also declared the drugs as substandard with a potency of 22.38% as against the required standard of 100% +/- 5%.

26. The Drugs Registration Board made a reference to the firm providing him opportunity for personal hearing prior to any action. However, in the meantime the firm filed a writ petition in Islamabad High Court who granted stay order but the court was later abolished. The Ministry consulted Ministry of

Law and Justice to solicit views regarding validity of the stay order. The Ministry informed that the stay order is no more in the field. The firm was again called for personal hearing by the Drug Registration Board in its 221st meeting held on 06.11.2009. The representative of the firm did not avail the opportunity again and did not appear before the Board.

27. In view of foregoing the Board has made following decisions:-
- i. Cancelled the registration of the product
 - ii. Directed the firm to withdraw all the stock of said product and to destroy the re-called stock through area FID.
 - iii. Referred the case to Central Licensing Board for suspension of Drug Manufacturing License of the firm for a period of six months.
 - iv. A thorough GMP evaluation of the firm's production facilities be carried out before restoration of Drug Management License of the firm.

28. **Against above background the honourable chairperson decided to have an independent probe into the subject issue. As such she constituted a Sub-Committee comprising following members:-**

- | | | |
|------|---|-----------------|
| i. | Senator Mrs. Rehana Yahya Baloch | Convener |
| ii. | Senator Muhammad Ghufraan Khan | Member |
| iii. | Senator Mrs. Farhat Abbas | Member |

29. **The Sub-Committee would give a comprehensive report to the Committee on the subject issue within a month.**

Item No. iii

30. Senator Abdul Haseeb Khan referring to the discussion in the meeting of the Committee held on 11th September, 2009 informed the Committee that it was decided in that meeting that 547 Chinese drugs were to be withheld and the remaining drugs were to be notified in the light of policy approved by the Ministry in the year 2007. The honourable Senator expressed his dismay that the same has not yet been done and delayed inordinately. He further pointed out that the local industry is on the verge of closure because of erratic price policy.

Presently, only 7% of local industry is operating. These will also be closed if necessary remedial measures are not taken by the Ministry. Similar apprehensions were also expressed by the honourable Senator Abdul Raziq who impressed upon the Ministry to look into the issue on priority basis and re-evaluate it so as to provide boost to the local pharmaceutical industry.

31. The honourable Chairperson held the view that the local industry should be provided relief with the enforcement of a reasonable drug price policy. However, local industry should also maintain the price structure so that the down-trodden masses do not suffer because of high prices of the various drugs.

32. In view of above the Secretary, Ministry of Health informed the Committee that the Ministry is alive to the issue. The issue is not basically concerned with the price of medicines only but it also involves availability of drugs to the common man and their efficacy. The policy of various drugs is formulated at the Federal level but enforced by the respective Provincial Governments. The prices of medicines did not increase appreciably during the last 8 years as the exchange rate remained fairly stable and profit margins were also sustainable. However, due to fluctuations in the exchange rate the prices did increase. The Ministry has taken due cognizance of the issue and with the input received from civic bodies a pricing policy is on the anvil and will be taken to the Cabinet for approval. The Secretary Health further informed that it goes to the credit of the Ministry of Health that the share of the private pharmaceutical industry has increased substantially. Earlier, the market share of the private industry was 10% and presently due to the policies of the Ministry of Health it has been enhanced to 50%. The pricing formula being contemplated in the Ministry would duly focus on the reduction of the prices of various drugs.

33. The meeting ended with a vote of thanks to and from the Chair.

(ABDUL SAMI KHAN)
JS/Secretary Committee

(SENATOR KALSOOM PERVEEN)
Chairperson Standing Committee
on Health

SENATE SECRETARIAT

Subject: - **MINUTES OF THE MEETING OF SUB-COMMITTEE OF SENATE STANDING COMMITTEE ON HEALTH HELD ON 8TH JANUARY, 2010 AT KARACHI**

A meeting of the Sub-Committee of the Senate Standing Committee on Health was held on 8th January, 2010 at Karachi under the Chairperson Senator Mrs. Kalsoom Perveen.

2. The agenda before the Sub-Committee was as under:-

To have on the ground assessment of the implementation status of the mega project of NICVD, approved in December, 2005 regarding purchase and installation of machinery for mega project as decided in the meeting of the Committee held on 30th October, 2009 at Islamabad.

3. The following members of the Sub-Committee attended the meeting:-

- 24. Senator Abdul Haseeb Khan
- 25. Senator Dr. Khalid Mahmood Soomro
- 26. Senator Muhammad Zahid Khan
- 27. Senator Mrs. Rehana Yahya Baloch

4. In addition to above following members of the Standing Committee also attended the meeting:-

- 1. Senator Dr. Khatu Mal
- 2. Senator Mrs. Farhat Abbas
- 3. Senator Mushahid Ullah Khan
- 4. Senator Mrs. Semeen Yusuf Siddiqui

5. A list of officers of Ministries of Health and NICVD who attended the meeting is annexed.

6. The meeting started with recitation from the Holy Quran by Senator Dr. Khalid Mahmood Soomro. Thereafter, the honourable Chairperson welcomed

all the participants to the meeting. She informed the participants that the instant meeting of the Sub-Committee is being held in pursuance of decision taken in the meeting of the Committee held on 30th October, 2009 at Islamabad. In the meeting the Project Director had given an assurance that CT Scan machine would be installed and would be made operational within two months and accordingly she had constituted a Sub-Committee for physical verification of the current status of the project. **The Ministry of Health had also given a commitment that prior to the visit of the Sub-Committee a copy of the PC-I of the project and audit report would be made available to the Sub-Committee. However, the Ministry did not live up to the commitment.** Against above background the honourable Chairperson informed the Committee that the instant meeting would be exclusively confined to the progress and implementation status of the mega project, the completion of which is pending with NICVD since long.

7. Prior to formal proceedings of the Committee, the honourable Senator Abdul Haseeb Khan raised the issue of non-attendance of Minister for Health in the meeting of the Committee. He held the view that because of significance of the issue the Minister for Health should have spared sometime for the meeting to resolve this important issue. Similar apprehensions were also expressed by Senator Muhammad Zahid Khan. He expressed his resentment that the recommendations made by the Committee in its meetings are not honestly implemented by the Ministry of Health and as such all the purposes of convening the meetings of the Committee get defeated. To illustrate his viewpoint he quoted an example of the decision of the committee taken in its meeting held on 30th October, 2009 wherein the Committee had recommended suspension of ED, NICVD forthwith because of his mis-behaviour with the Committee in the meeting held on 30th September, 2009 at Karachi. The Ministry to-date has not taken any action on the aforesaid recommendation. Similarly, in pursuance of recommendations made by the Committee in its meeting held on 30th October, 2009 the Sub-Committee headed by him entrusted with the responsibility to oversee implementation status of various National Programmes

being executed in the NWFP held various meetings and made recommendations. The Ministry of Health did not apprise the sub-committee with the measures taken by them to redress the issues pointed out by the Provincial Coordinators of the Programmes in the meetings. **Against this backdrop he proposed that a notice be issued to the Minister for Health inquiring as to why the ED, NICVD was not suspended despite recommendation of the Committee in the meeting held on 30th October, 2009. The Committee endorsed the proposal.**

8. Thereafter, the honourable Chairperson requested the Project Director to brief the Committee on the current status of the project.

9. The Project Director, NICVD gave a presentation to the Committee on the project titled "Replacement & Purchase of Equipment for NICVD, Karachi." He informed the Committee that the project was approved by ECNEC on April 22, 2006. It started on July, 2006 for a period of two years i.e. fiscal years 2006-07 and 2007-08 and was later extended to 2009-10. During the fiscal years from 2006-2010 an amount of **Rs. 796.279 million** was provided in the PSDP. As per approved PC-I the project was phased for **Rs. 658.625 million**. During the fiscal years 2006-2010 an amount of **Rs. 513.057 million** was released and out of this released amount **Rs. 370.334 million** was expended. **Rs. 144.500 million** could not be released by Ministry of Finance due to financial constraints.

10. In order to conduct and oversee all the operations of the entire project a Steering Committee was constituted by Federal Ministry of Health at NICVD. Giving the current status of the project the officer informed that following items are yet to be commissioned:-

- i. Single – Plane angiography unit
- ii. Bi-Plane angiography unit
- iv. 64-Slice helical CT Scan
- v. Other items like renovation of existing A/C ducting etc. and revamping of electrical wiring of NICVD have also not yet been completed.

11. The Project Director attributed delay in the project to inadequate release of funds, delay in approval of tendered documents and award of contracts to the suppliers. **The officer also admitted that the PC-I was also defective as the machinery was purchased prior to putting in place the basic infrastructure for the installation of the machinery.**

12. The Joint Secretary Health responding to the issue regarding inadequate release of funds for the project informed the Committee that during the fiscal year 2006-07 an amount of Rs. 200 million was released for the project. The NICVD made an expenditure of Rs. 117.042 million and surrendered an amount of Rs. 82.958 million. Similarly, during the fiscal year 2007-08 the Ministry released an amount of Rs. 282.57 million for the project. The NICVD expended an amount of Rs. 227.885 million. An amount of Rs. 54.694 million was lapsed. **This shows the incompetency and incapacity of the NICVD to utilize the released amount. The Committee unanimously endorsed the explanation offered by the JS, Health.**

13. The Committee unanimously held the view that there is a serious lapse on the part of NICVD regarding timely implementation of the project which reflects ulterior motives of the officers responsible for the execution of the project. The apprehensions of the Committee were reinforced by the fact that all the machineries needed for the mega project were purchased without putting the requisite infrastructure in place for its installation and utilization for the patients visiting NICVD from all over the country. **In view of this the Committee unanimously decided that the Ministry of Health would furnish to the Committee within ten days following documents to fix responsibilities for the persons responsible for delay in project. The purchase of machinery without any prior availability of infrastructure for its installation and keeping it idle for sufficient long period of time may have affected its operational efficiency and may have also lost its warranty period causing phenomenal loss to the public kitty:-**

- i. **Original copy of the PC-I of project.**

- ii. **All the minutes of the Steering Committee of the project.**
 - iii. **Details of releases made for the project at different points of time and the reasons for lapse/surrender of the released amount.**
 - iv. **All relevant documents regarding purchase of machinery/equipment.**
14. **The Ministers for Health, Finance and Dy. Chairman, Planning Commission would also be invited to attend the next meeting of the Committee on the subject issue. The former Minister for Health in whose period the PC-I was approved would also be invited to attend the meeting.**
15. **The meeting ended with a vote of thanks to and from the Chair.**

(ABDUL SAMI KHAN)
JS/Secretary Committee

(SENATOR KALSOOM PERVEEN)
Chairperson Standing Committee
on Health

SENATE SECRETARIAT

Subject: - MINUTES OF THE MEETING OF SENATE STANDING COMMITTEE ON HEALTH HELD ON 9TH JANUARY, 2010 AT KARACHI

A meeting of the Senate Standing Committee on Health was held on 9th January, 2010 at Karachi under the Chairperson Senator Mrs. Kalsoom Perveen.

2. The agenda before the Committee was as under:-
 - i. Briefing on functions and performance of National Institute of Child Health (NICH), Karachi
 - ii. Visit to the following Departments:-
 - a. National Institute of Child Health (NICH), Karachi.
 - b. Central Drugs Laboratory (CDL), Karachi.
 - iii. Any other item with the permission of chair.
3. The following members of the Committee attended the meeting:-
 28. Senator Mrs. Farhat Abbas
 29. Senator Muhammad Zahid Khan
 3. Senator Abdul Haseeb Khan
 4. Senator Dr. Khalid Mahmood Soomro
 5. Senator Mushahid Ullah Khan
 6. Senator Muhammad Ghufuran Khan
 7. Senator Mrs. Semeen Siddiqui
4. A list of officers of Ministry of Health and National Institute of Child Health (NICH), Karachi who attended the meeting is annexed.
5. The meeting started with recitation from the Holy Quran by Senator Mushahid Ullah Khan. Before commencing formal briefing as per agenda items the Chairperson inquired from DG, Health regarding removal of Prof. Dr. Ghaffar Nagi from the post of Director, National Institute of Child Health (NICH), Karachi. She informed the Committee that as per her information Prof. Dr. Ghaffar Nagi is

a senior most officer of NICH, honest and competent. The reasons for his removal from the post as reported to her were that the officer did not permit establishing of a medical store within the premises of NICVD. Responding to it the DG Health informed the honourable Chairperson that he was not prepared to answer this question. **However, he would submit a detailed reply to the question by Monday the 11th January, 2010 positively. The Director General, Health was also advised that alongwith this case the Committee be apprised with the details of promotion cases of Dr. Cheema and Dr. Asal Khan Tareen.**

6. The honourable Senator Muhammad Zahid Khan raised the issue regarding suspension of ED, NICVD as recommended by the Committee in its meeting held on 30th October, 2009 at Islamabad. He expressed his deep concern regarding non-compliance of the recommendation of the Committee by the Ministry of Health and held the view that there is little point in convening meeting of the Standing Committee if its recommendations and decisions are given little heed by the Ministry. The DG, Health responding to the concerns of the honourable Senator informed the Committee that ED, NICVD after the receipt of recommendation of the Committee was called by the Minister and the Secretary Health and he was advised to improve his behaviour towards the honourable members of the Committee and to build personal bridges. Since the officer did not lack professionally he was not suspended by the Ministry. The explanation offered by the DG, Health was not taken well by the Committee and impressed upon the DG, Health that the attitude and behaviour of the ED, NICVD in the meeting of the Committee held on 8th January, 2010 at Karachi still smacked of insolence and indifference towards the Committee members. The officer, therefore, needs to be exhorted to improve his attitude towards the honourable Parliamentarians.

7. **Senators Mushahid Ullah Khan and Abdul Haseeb Khan emphasized upholding of the recommendation of the Committee regarding suspension of ED, NICVD and suggested that the officer be called in on the**

eve of Senate session to apologize for his misconduct towards the honourable Parliamentarians. The Committee unanimously approved the proposal.

8. The Director, NICH, Karachi gave a detailed briefing on its institute. The briefing given by the officer is broadly classified under the following heads:-

- i. Brief history of the institute
- ii. Out patients clinics
- iii. Statistics for medical out patients clinics
- iv. Surgical units
- v. Radiology department
- vi. School of Nursing
- vii. Faculty position

9. The officer while explaining the decline in the number of patients in 2009 vis-à-vis 2005 informed the Committee that the decline in the number of patients is primarily due to expansion in Pediatrics clinics in the private sector and also because of shortage of drugs and lack of medicines in the institute. The institute is not morally bound to refuse the patients. Consequently, it has even to utilize one bed for a few patients. The institute does not receive any fund from any other source except from the government and it provides free medical care to its patients. Furthermore, he also informed the Committee that in case the institute charges a patient the money has to be deposited in the government treasury and the money so deposited is not at any stage reimbursed to the institute for utilization for improving the services in the hospital.

10. The problems highlighted by the officer and the recommendations made by the Committee as listed as under:-

- i. There is an acute shortage of staff in all cadres in the institute. Qualified doctors and medical personnel are usually offered better opportunities abroad and in the private sector. **In view of this the Committee recommended that special packages should be developed for doctors and paramedical staff to secure their commitment in the government organizations and the**

appointments should be made in the government hospitals on regular basis instead of contract basis. The proposed special packages should be competitive with the market rates. The Ministry of Health would submit a written proposal to the Committee in this regard.

- ii. There is an acute shortage of faculty in NICH vis-à-vis various children hospitals in the country. The NICH is a 485 beds hospital whereas the total strength of its faculty number to 20 which includes three Professors (one is away), seven Associate Professors (six are vacant) and ten Asstt. Professors. There is no Senior Registrar. **In view of this the committee recommended appointment of qualified doctors against the vacant posts on special pay packages. The doctors so appointed in NICH should be made to fill in the bond for serving it for a few years. The Ministry of Health would submit a comprehensive proposal in this regard.**
 - iii. The DG, Health informed that the root cause of the shortage of staff in the NICH has been the lack of job creation due to financial and administrative constraints imposed by the Ministry of Finance and the Establishment Division. The procedures for creating new posts are dilatory and time consuming and the pay & perks offered are unattractive. Consequently, the number of people opting for government jobs has been substantially reduced. **The Committee recommended that to overcome this problem the Ministry should send to the Committee detailed and comprehensive proposals for taking them up with the concerned quarters.**
 - iv. **The Ministry of Health would submit to the Committee a comprehensive proposal for retrieving the premises wherein the hostel of Shah Abdul Latif Hostel was established to enable it to take up the matter at the highest level.**
 - v. **Taking due cognizance of the fact that the institute is treating 110,000 patients only in emergency, the Committee expressed its serious concern on the annual allocation of budget amounting to Rs. 9.0 million. The Committee held the view that the amount is highly meager and needs to be enhanced substantially keeping in view the responsibilities and the activities of the institute. As such it strongly recommended enhancement in its budgetary allocation. It also recommended that the institute should also be allowed to charge some amount for issuing tickets and X-rays etc. and should be allowed to utilize the amount so gathered on the improvement of its services.**
11. After conclusion of the briefing the Committee visited various departments of the institute.

Item No. ii (b)

12. The Committee visited Central Drugs Laboratory (CDL), Karachi. The Director, CDL gave a detailed briefing to the Committee on the Laboratory. He informed the committee that the Central Drugs Laboratory (CDL) Karachi is a subordinate organization of the Ministry of Health, established in 1953. The main functions of CDL are qualitative/quantitative analysis of suspected drugs/medicines and the relevant raw materials in accordance with the Drugs Act 1976 and to convey the results of the analytical reports to the concerned quarters. The salient features of the briefing given by the officer are as under:-

- i. Functions of CDL
- ii. Human resource
- iii. Objectives/targets
- iv. Annual budget
- v. Performance

13. The officer while giving the briefing informed that the total sanctioned strength of technical officers of CDL is 38 whereas at present technical officials number to 24. As such there is an acute shortage of required technical staff in the Laboratory. During the years 2008-09 the Laboratory received 3521 and 3647 samples respectively. Out of these samples 40 samples in the each year related to spurious drugs. **The Committee recommended that the details of these 40 cases in the year 2008-2009 and substandard 111 samples in 2008 and 140 in 2009 should be made available to the Committee on priority basis.**

14. The Committee took due cognizance of the slow promotion of officers in the CDL. The officers despite being highly qualified are stuck up in one grade for years. **As such the Committee recommended that Ministry of Health should look into this issue and formulate the proposals for placing the officers in the next higher scale who have rendered a fairly long service in one grade.**

15. The honourable Chairperson expressed her concern regarding performance of Drugs Testing Laboratory located in the Balochistan province. She recommended that the Central Drugs Laboratory (CDL) should consider it as its extension and should monitor its performance. She also recommended that professionals belonging to province of Balochistan should be accommodated against vacant posts in the CDL.

16. The Committee also recommended that Central Drugs Laboratory should also be mandated to test herbal medicines. This is all the more important as the herbal medicines are believed to have cortisone as an essential ingredient. In this context the DG, Health suggested that there should be an independent Drug Regulatory Authority out of the purview of Ministry of Health which should also take under its ambit Unani medicines. Furthermore, he informed that a “Therapeutic Goods Act” is in the offing which would take care of the subject issue. The Committee endorsed the proposal of the DG, Health.

17. The meeting ended with a vote of thanks to and from the Chair.

(ABDUL SAMI KHAN)
JS/Secretary Committee

(SENATOR KALSOOM PERVEEN)
Chairperson Standing Committee
on Health