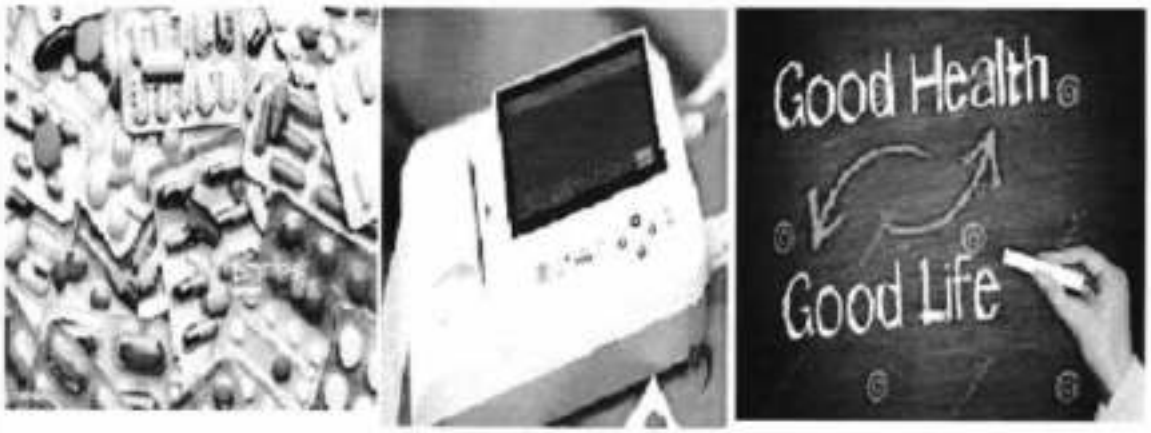
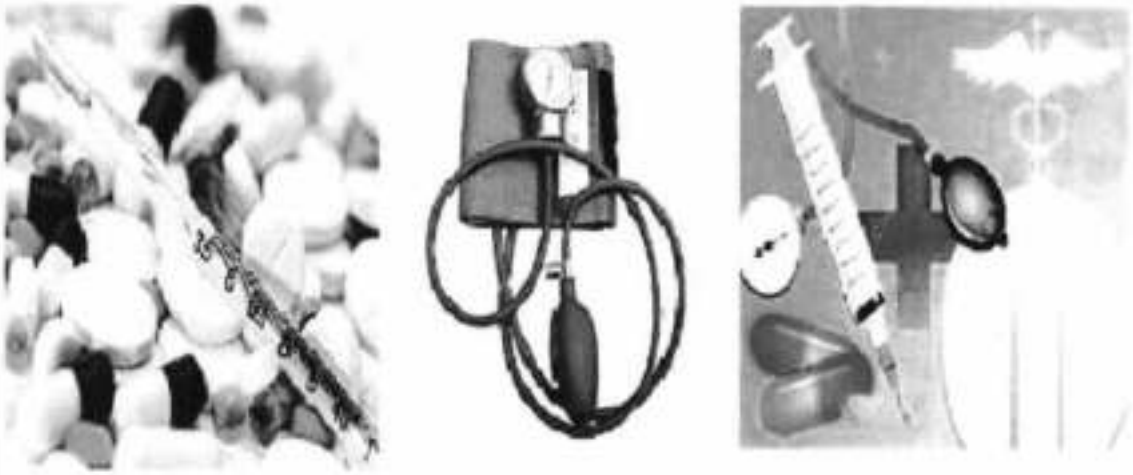
YEAR BOOK
2021-2022





GOVERNMENT OF PAKISTAN
MINISTRY OF NATIONAL HEALTH SERVICES
REGULATIONS & COORDINATION
ISLAMABAD

YEAR BOOK
2021-22

GOVERNMENT OF PAKISTAN
MINISTRY OF NATIONAL HEALTH SERVICES
REGULATIONS & COORDINATION
Islamabad



IN THE NAME OF ALLAH
THE MOST GRACIOUS, THE MOST MERCIFUL

MESSAGE
From the Federal Minister for National Health Services, Regulations & Coordination Divison

The Ministry of National Health Services, Regulation and Coordination (M/o NHSR&C) has come up with Year Book 2021-22 highlighting the activities/ achievements during the year 2021-22 which is indeed a commendable effort. The dissemination of the accomplishments of the Ministry is very essential so as to provide first-hand information about the initiatives undertaken by the Ministry of NHSR&C. These allows the stakeholders to discuss and debate the policy of the Government, enhancing the prospects of a positive and constructive feedback and helping Government to re-orient its policies according to the demands of the stakeholders and to create an environment which would help in the promotion of better health of the people in the country.

The Year 2021-22 was also challenging, as Pakistan being hit by COVID-19 pandemic. To combat COVID-19, efforts and strategies have evolved by a collaborative process between the federation and all federating units. Revamping health facilities, which were further supported by strong advocacy campaign. Pakistan has been excellent across the globe, in terms of its effective management of the pandemic. Pakistan is conducting a mass vaccination campaign for all its citizens above the age of 12 years, which is a required step in the right direction. Besides that, Indigenous production of medical equipment, including ventilators and cardiac stunts was made while the Isolation Hospital and Infectious Treatment Centre (IHITC) in Islamabad provided outstanding services to the Covid-19 patients.

Moreover, Sehat Sahulat Card (Rs.1 million health coverage for every family to get medical treatment at both public and private hospitals) has been implemented in 99 District of Pakistan, covering almost 10 million families of Khyber Pakhtunkhwa (including the merged Districts), Punjab, AJK, Gilgit-Baltistan, District Tharparkar Sindh. Individuals with disability registered and Trans genders registered with NADRA. The legislative reform process also continued through National Institute of Health (Re-organization) Act 2021 reforms in Pharmacy, Nursing, Tibb & Homeopathy sectors and centralized registration for nurses, post graduate education in pharmacy was also brought under the regulatory ambit.

In short, we have attempted to set the strategic direction enabling environment for the health and population sectors in the country. The impetus generated through the accomplishments this year will be carried forward and useful initiatives will continue in future for the betterment of all. I am sure that the Year Book 2021-22 would be a valuable addition to the library of readers including civil servants, researchers and other stakeholders.

FEDERAL MINISTER
National Health Services,
Regulations & Coordination



FOREWORD

From the Secretary for National Health Services, Regulations & Coordination Division

In pursuance of Sub-rule 2 of Rule 25 of the Rules of Business 1973, each Division is required to prepare a Year Book covering its activities, progress and achievements during the preceding financial year 2021- 22, for information of the Cabinet Division and general public. Accordingly, the Year Book 2021-22 of the Ministry of National Health Services, Regulations & Coordination has been prepared which highlights the activities and achievements of Ministry and its constituent organizations during the year 2021-22.

The Government of Pakistan is cognizant of the fact that investment in the health sector is of utmost importance, and would like to ensure that its population is healthy and has equitable access to quality health services. In order to fulfill this mandate, the Ministry of National Health Services, Regulation, and Coordination (M/o NHSR&C) was recreated in 2013 with the mandate to provide a common strategic vision to guide the health sector according to the Government of Pakistan's Vision 2025, which is to achieve Universal Health Coverage through efficient, equitable, accessible, and affordable health services to its entire populace; to coordinate public health and population welfare at national and international levels; fulfill international obligations and commitments; provide oversight for provincial and national health regulatory bodies; enforce drug regulations, and regulation of medical profession and education.

The Government of Pakistan is steadfast to ensure equity and quality through the delivery of essential preventive and curative care health services to every citizen of Pakistan Global economies are grappled with unprecedented challenges posed by COVID-19 pandemic and Pakistan is no exception.

However, despite numerous obstacles, Pakistan has been able to contain the damages of the pandemic through appropriate and timely response measures. In this regard, the Ministry worked closely with Provincial Departments of Health, other Ministries / Divisions, Private Sector, relevant Stakeholders and Development Partners to

perform more efficiently and effectively, by getting all levels of public health sector to work more cohesively to counter the pandemic through results-based management for achievement of desired objectives.

I, sincerely appreciate the dedication and commitment of officers and staff and technical team of my Ministry towards the achievement of desired objectives and expect that they will work with the same zeal and motivation in coming years to lead the health sector of Pakistan for ensuring continuity in the momentum towards achieving desired outcomes. The Year Book 2021-22 of Ministry of NHSR&C is prepared for information of the Cabinet, Government functionaries, researchers as well as the general public as a useful reference document.

SECRETARY
National Health Services,
Regulations & Coordination Division

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Acronyms

AMR	Anti-Microbial Resistance
BCC	Behavior Change Communication
BPD	Biological Production Division
CDC	Communicable Diseases Control
CHE	Central Health Establishment
CP&SP	CPSP College of Physician & Surgeons Pakistan
CW&S	CW&S Central Warehouse and Supplies
Domc	DoMC Directorate of Malaria Control
DOH	Department of Health
DRAP	Drugs Regulatory Authority of Pakistan
FDI	Federal Directorate on Immunization
FE&DSD	Field Epidemiology and Disease Surveillance Division
GAVI	Global Alliance for Vaccines and Immunization
GFATM	Global Funds to Fight AIDS, Tuberculosis and Malaria
GHSA	Global Health Security Agenda
HR	Human Resources
HSA	Health Services Academy
ICT	Islamabad Capital Territory
IDSR	Integrated Disease Surveillance & Response
IHR	International Health Regulations
JEE	Joint External Evaluation
	Ministry of National Health Services, Regulations & Coordination
NACP	National AIDS Control Programme
NATPOW	National Trust for Population Welfare
NCH	National Council for Homeopathy
NCT	National Council for Tibb
NHEPRN	National Health Emergency Preparedness & Response Network
NHL	National Health Laboratory
NIH	National Institute of Health
NIPS	National Institute of Population Studies
NISP	National Immunization Support Project
NTP	National Tuberculosis Control Programme
PCP	Pharmacy Council of Pakistan
PDHS	Pakistan Demographic Health Survey
PHLD	Public Health Laboratory Division
PHRC	Pakistan Health & Research Council
PMDC	Pakistan Medical & Dental Council
PMMS	Pakistan Maternal Mortality Survey
PMNHP	Prime Minister's National Health Program
PNC	Pakistan Nursing Council
PPW	Population Programme Wing
SBTP	Safe Blood Transfusion Services Project
SDGs	Sustainable Development Goals
TCC	Tobacco Control Cell
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
WB	World Bank
Who	World Health Organization
HPSIU	Health Planning, System Strengthening & Information Analysis Unit
HOTA	Human Organs Transplant Authority
IHRA	Islamabad health & Research Authority
SSP	Sehat Sahulat program
SBTP	Safe blood transfusion services programme
SZH	Sheikh Zayed hospital

An Overview
Of the National Health Services, Regulations & Coordination Division

Introduction

the Federal Ministry of Health (MoH) was abolished in 2011 as a result of the 18th constitutional amendment, while residual health related functions in the Federal Legislative Lists (Part I & II) were assigned to different federal level ministries. To execute federal health functions effectively, the Federal Cabinet decided in May 2013, to create the Ministry of National Health Services, Regulations and Coordination (M/o NHSR&C).

Vision

In the post-devolution scenario, the need for a common binding national health vision was articulated and endorsed during a series of meetings in 2013-16 between the federal and provincial health authorities and stakeholders including inter-ministerial health & population strategic forum and chief ministers. The National Health Vision is a set of unified and common strategic priorities agreed with the provinces and other stakeholders. The Vision Statement is:

"***To improve the health of all Pakistanis, particularly women and children by providing universal access to affordable, quality, essential health services which are delivered through a resilient and responsive health system, capable of attaining the Sustainable Development Goals and fulfilling its other global health responsibilities***"

The national vision sets the common direction that harmonizes provincial and federal efforts, health strategies, and inter-provincial / sectoral efforts to achieve desired health outcomes. This document provides a jointly developed account of

strategic directions to achieve the common vision and is a guideline for best practices for the provinces/ areas to develop their respective policies and initiatives within their domains

Functions

In terms of Schedule II, Rule 3 (3) of the Rules of Business (1973), the following business is allocated to M/o NHSR&C:

1. Pakistan Medical and Dental Council (now PMC).
2. Pakistan Council for Nursing.
3. College of Physicians and Surgeons.
4. National Councils for Tibb and Homeopathy.
5. Pharmacy Council of Pakistan
6. National associations in medical and allied fields such as Pakistan Red Crescent Society and TB Association.
7. Directorate of Central Health Establishment.
8. Drug Regulatory Authority of Pakistan.
9. International aspects of medical facilities and public health, International Health Regulations, health and medical facilities abroad.
10. National Institute of Health.
11. National Health Emergency Preparedness and Response Network.
12. Islamabad health & Research Authority
13. Health Services Academy, Islamabad.
14. Coordination of Vertical Health Programmes including interaction with , EPI now Federal Directorate of Immunization (FDI) and the Global Fund for AIDS, TB, Hepatitis and Malaria.
15. National Planning and Coordination in the field of health.
16. Planning and Development Policies pertaining to Population Programmes in the country.
17. Matters relating to National Trust for Population Welfare and National Institute of Population Studies.
18. Mainstreaming population factor in development planning.
19. Directorate of Central Warehouse and Supplies, Karachi.
20. Human Organ Transplant Authority.
21. Charitable endowments for Federal area.
22. Medical and health services for Federal Government employees.
23. Regional blood Centre, Islamabad.
24. Shaheed Zulfiqar Ali Bhutto Medical University, Islamabad.
25. Federal Medical and Dental College, Islamabad.

STRUCTURES

The list of organizations under M/o NHSR&C (as of 2021-22) are:

A: Autonomous Bodies

1: National Institute of Health (NIH)
2: Drugs Regulatory Authority of Pakistan (DRAP)
3: Health Services Academy (HSA)
4: Pakistan Health & Research Council (PHRC) (Merged in NIH)
5: Pakistan Medical & Dental Council (PMDC) (now PMC)
6: College of Physician & Surgeons Pakistan (CPSP)
7: Pakistan Nursing Council (PNC)
8: Pharmacy Council of Pakistan (PCP)
9: National Council for Homeopathy (NCH)
10: National Council for Tibb (NCT)
11: National Trust for Population Welfare (NATPOW)
12: Human Organs Transplant Authority (HOTA)
13: Shaheed Zulfiqar Ali Bhutto Medical University (SZABMU)
14: Islamabad Health Care Regulatory Authority (IHRA)
15: Federal Medical & Dental College (FM&DC)
16: Pakistan Red Crescent Society (PRCS)

B: Attached Departments

1: Directorate of Border Health Services (BHS)
2: Directorate of Malaria Control (DoMC)
3: Central Warehouse & Supplies (CW&S) Merged with Main Ministry
4: Federal directorate of Immunization (FDI)

C: Subordinate Offices

1: National Health Emergency Preparedness & Response Network (NHEPRN)
2: National Institute of Population Studies (NIPS)
3: Regional Training Institute (RTI)
5: District Health Officer (DHO)

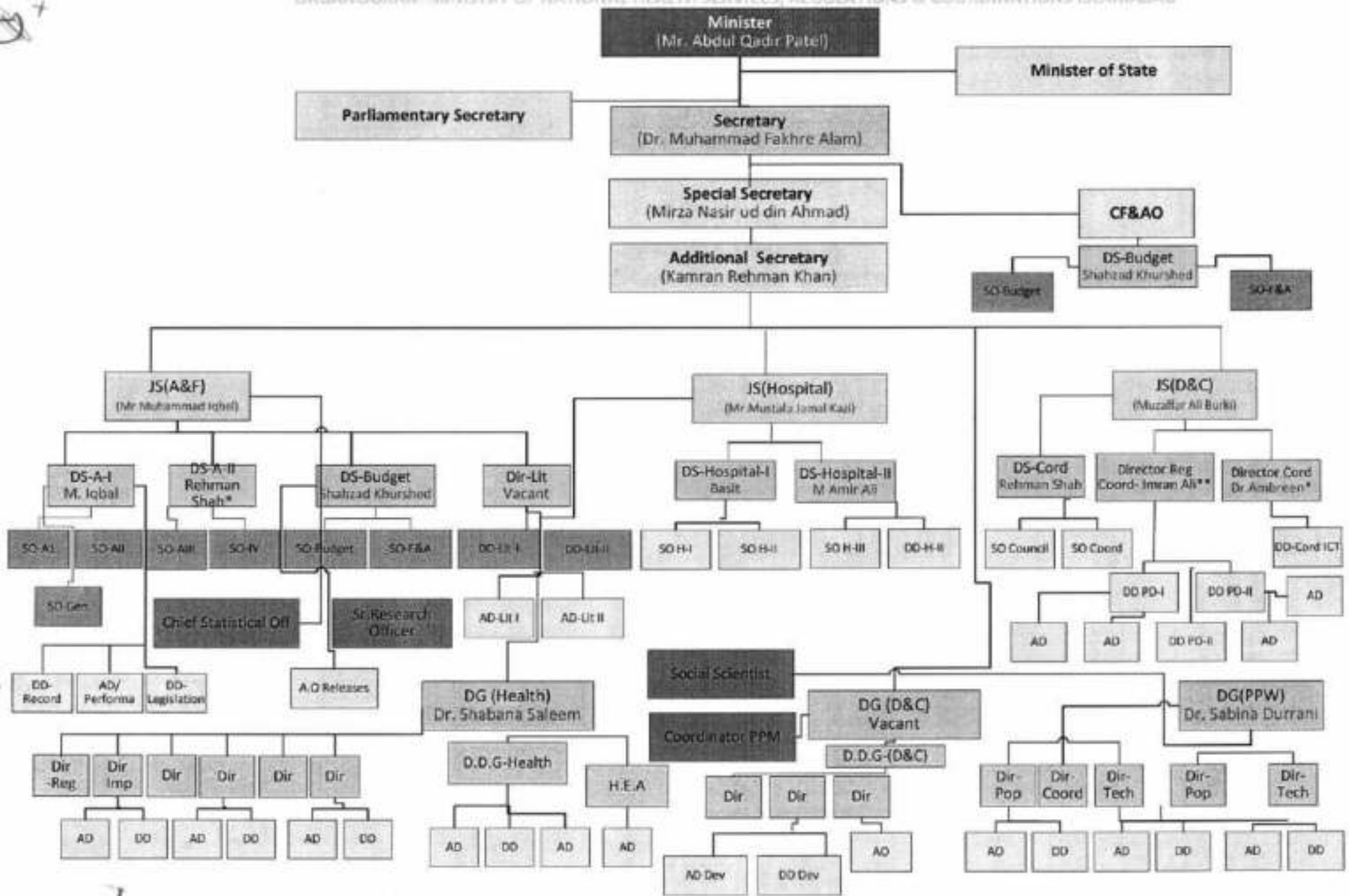
D: Preventive Programmes

1: Prime Minister's National Health Programme (PMNHP) /Sehat Sahulat Program (SSP)
2: Federal Directorate on Immunization (EPI)
3: National AIDS Control Programme (NACP)
4: National Tuberculosis Control Programme (NTP)
5: Population Program Wing (PPW)
6: Safe Blood Transfusion Services Project (SBTP)
7: Tobacco Control Cell (TCC)
8: Common Unit to Manage Global Fund (CUMGF)

Hospitals

1: Pakistan Institute of Medical Sciences (PIMS) Islamabad.
2: Federal Government Polyclinic (FGPC) Islamabad.
3: Federal General Hospital (FGH) Islamabad.
4: National Institute of Rehabilitation Centre (NIRM) Islamabad.
5: Federal Government T.B. Hospital Rawalpindi.
6: Shaikh Zayed Hospital Lahore.

ORGANOGRAM MINISTRY OF NATIONAL HEALTH SERVICES, REGULATIONS & COORDINATIONS ISLAMABAD



DESIGNATION WISE SANCTION, ACTUAL AND VACANT POSITION

Name of Ministry: - **Ministry of National Health Services, Regulation and Coordination**

S#	Designation	BS	Sanctioned post	Actual Filled post	Total Vacant Posts
1	Secretary	22	1	1	0
2	Special Secretary	22	1	1	0
3	Additional Secretary	21	1	0	1
4	Joint Secretary	20	3	1	2
5	Director General (Medical)		2	1	1
6	Director General (Non-Medical)		1	1	0
7	Deputy Secretary	19	6	6	0
8	Director (Medical)		9	3	6
9	Director (Non-Medical)		7	4	3
10	Director (Unani)		1	0	1
11	Deputy Director General		2	0	2
12	Health Education Advisor		1	0	1
13	Deputy Director (Medical)	18	6	2	4
14	Deputy Director (Non-Medical)		11	8	3
15	Coordinator PPM		1	1	0
16	Coordinator HRM		1	1	0
17	BCC Coordinator		1	1	0
18	Social Scientist		3	3	0
19	Chief Statistical Officer		1	0	1
20	Senior Research Officer		1	0	1
21	Section Officer	17/ 18	12	8	4
22	Assistant Director (Medical)	17	6	6	0
23	Assistant Director (Non-Medical)		10	7	3
24	Accounts Officer		3	3	0
25	Admin Officer		1	1	0
26	Counselor		1	1	0
27	Medical Officer		1	1	0
28	Superintendent		8	8	0
29	Statistical Officer		1	1	0
30	Sr. Private/ Private Secretary	17/18/19	8	8	0
31	Accountant	16	2	0	2
32	APS		35	26	9
33	Computer Programmer		1	0	1
34	Computer Officer		1	1	0
35	Computer Operator		5	4	1
36	Office Secretary		1	1	0
37	Logistic Officer		1	0	1
38	Lab. Technologist/ Research Asstt.		3	3	0
Sub Total-I			**160**	**113**	**47**

26. Federal General Hospital, Islamabad.
27. National Institute of Rehabilitative Medicine.
28. District Population Welfare Office.
29. Dealing and agreements with other countries and international organizations in matters relating to Population Planning Programs.
30. Dealing and agreements with other countries and international organizations in the field of health, drugs and medical facilities abroad.
31. Scholarships / fellowships, training courses for health from International Agencies such as W.H.O. and UNICEF.
32. Federal Government Tuberculosis Centre, Rawalpindi.

S#	Designation	BS	Sanctioned post	Actual Filled post	Total Vacant Posts
39	Assistant	15/ 16	51	47	4
40	Statistical Assistant		1	1	0
41	Assistant In-charge		1	0	1
42	Assistant Computer Programmer	15	1	1	0
43	Account Assistant		1	0	1
44	Steno-typist	14	34	28	6
45	Cashier		1	1	0
46	Accounts Assistant		1	0	1
47	Computer Operator		2	2	0
48	Store Supervisor	12	1	1	0
49	Accounts Assistant	11	1	0	1
50	UDC/Senior Clerk		17	12	5
51	Senior Draftsman		1	1	0
52	LDC	9	29	23	6
53	Microscopy Technician		1	1	0
54	Store Keeper	8	1	0	1
55	Store Keeper	7	2	2	0
56	Receptionist		1	1	0
57	Clearance Inspector		1	0	1
58	Electrician		1	0	1
59	Waiter	6	1	1	0
60	Store Keeper	5	1	1	0
61	Lab Assistant		1	1	0
62	Store Man		2	1	1
63	Driver	5/6/	27	27	0
64	Dispatch Rider		8	8	0
65	DMO	4	3	2	1
66	Carpenter	3	3	2	1
67	Qasid		7	3	4
68	Daftry		4	4	0
69	Lab Attendant	2	1	1	0
70	Naib Qasid	1	94	94	0
71	Sweeper / Sanitary Worker		10	10	0
72	Mali		2	1	1
73	Chowkidar		9	8	1
74	Loader		4	3	1
75	Farash		3	1	2
Sub Total-II			**329**	**289**	**40**
G. Total=I+II			**489**	**402**	**87**

Signature _____

Contact No. 051-9216890

(XVII)

Budget Estimates (Current)

FY 2021-22

Ministry of National Health Services, Regulations & Coordination

Demand No.075-NHSR&C

Rs. in million

Sl.#	Name of Organization	Total Budget Estimates 2021-22
1	ID-6261-National Health Services, Regulations and Coordination Division, Main Secretariat, Islamabad	947.525
2	IB-3307-National Health Information Resources Centre, Islamabad	11.576
3	IB-3308-T.B Centre, Rawalpindi	109.325
4	IB-3309-National Institute of Population Studies, Islamabad	60.934
5	IB-3310-National Health Emergency Preparedness & Network, Islamabad	42.642
6	IB-3311-Health Department, Islamabad	356.397
7	IB-3312-Federal General Hospital, Islamabad	306.499
8	IB-3313-Federal Medical & Dental College, Islamabad	128.000
9	IB-3314-Federal Government Polyclinic, Islamabad	2,806.006
10	IB-3315-Parliament House and Government Hostel Dispensaries, Islamabad	176.482
11	IB-3316-Burn Care Centre, PIMS, Islamabad	182.921
12	IB-3317-Clinical Training Regional Training Institute, Islamabad	35.075
13	IB-3318-Islamabad Hospital, PIMS, Islamabad	4,009.087
14	IB-3319-Directorate of Central Health Establishment, Islamabad	37.495

Sl.#	Name of Organization	Total Budget Estimates 2021-22
15	IB-3320-Airport Health Establishment, Islamabad	**28.183**
16	IB-3321-Federal Government Dispensary, FIA Headquarter, Islamabad	**7.225**
17	IB-3323-District Population Welfare Office, Islamabad	**157.892**
18	IB-3324-Directorate of Malaria Control, Islamabad	**41.170**
19	IB-3325-National Institute of Rehabilitation Medicines, Islamabad	**415.343**
20	IB-3326-College of Nursing & College of Medical Technology, PIMS, Islamabad	**89.655**
21	IB-3327-Cardiac Care Centre, PIMS, Islamabad	**395.334**
22	IB-3328-Mother & Child Health Centre,PIMS, Islamabad	**408.242**
23	IB-3329-Children Hospital, PIMS, Islamabad	**741.747**
24	IB-3330-Islamabad Blood Transfusion Athority, Islamabad	**12.401**
25	IB-3331-Pakistan Red Crescent Society, Islamabad	**9.013**
26	IB-3332-Drugs Regularatory Authority of Pakistan	**31.290**
27	IB-3333-Monitoring Authority for Transplatation of Human Organs & Tissues, Islamabad	**64.281**
28	IB-3335-Health Services Academy, Islamabad	**6.058**
29	IB-3336-National Council for Homoeopathy, Rawalpindi	**3.343**
30	IB-3337-National Council for Tibb, Islamabad	**1.181**
31	IB-3338-National Institute of Health, Islamabad	**896.823**
32	IB-3339-Alshifa Eye Trust Hospital, Rawalpindi	**144.925**
33	IB-3340-National Institute of Heart Diseases, Rawalpindi	**383.750**

Sl.#	Name of Organization	Total Budget Estimates 2021-22
34	IB-0267-Isolation Hospital and Infection Treatment Centre, Islamabad	**219.300**
35	IB-0268-Islamabad Healthcare Regulatory Authority	**70.000**
36	IB-0269-School of Denistry, FMTI, Islamabad	**0.005**
37	IB-0273-Expended Programme on Immuniation, Islamabad	**300.000**
38	IB-0482-Pakistan Population Fund	**1,000.087**
39	LO-1607-Medical Centre for Federal Government Servants, Lahore	**27.669**
40	LO-1609- Federal Government Dispensary, Wagah Border, Lahore	**7.143**
41	LO-1610- Federal Government Dispensary, Wafaqi Colony, Lahore	**5.483**
42	LO-1612-Federal Government Dispensary, Civil Services Academy (Walton), Lahore	**6.264**
43	LO-1613-Health Check post Wagha Border	**11.603**
44	LO-1614-Airport Health Establishment, Lahore	**23.866**
45	LO-1616-Shiekh Zayed Postgraduate Medical Institute, Lahore	**2,877.870**
46	MN-0342-Federal Government Dispensary at Multan	**7.005**
47	PR-1373-Medical Centre for Federal Government Servants, Peshawar	**22.472**
48	PR-1375-Airport Health Establishment, Peshawar	**26.201**
49	PR- 0879-Health Check post Turkham Border	**6.660**
50	KA-3369-Directorate Central Warehouse & Supplies, Karachi	**26.212**
51	KA-3370-National Research Institute of Fertility Care, Karachi	**44.962**
52	KA-3371-Port Health Establishment, Port Bin Qasim, Karachi	**10.882**

SL#	Name of Organization	Total Budget Estimates 2021-22
53	KA-3372-Conservacy Establishment, Karachi	39.963
54	KA-3373-Expenditure in Connection with UNICEF Stores, Karachi	15.190
55	KA-3375-Port Health Establishment, Karachi	23.997
56	KA-3376-Medical Centre for Federal Government Servants, Karachi	27.007
57	KA-3377-Institute of Basic Medical Sciences, Karachi	65.376
58	KA-3378-Airport Quarantine, Karachi	76.851
59	KA-3379-College of Nursing, Karachi	30.813
60	KA-3380-Port Health Establishment, Gawadar	10.970
61	KA-3381-National Institute of Child Health, Karachi	1,070.337
62	KA-3382-Central Government Dispensaries, Karachi	74.840
63	KA-3383-Jinnah Postgraduate Medical Centre, Karachi	3,877.984
64	KA-3384-Fatimid Foundation, Karachi	26.180
65	KA-3385-National Institute of Cardiovascular Diseases, Karachi	4,935.098
66	MS-0067-Health Check Post Khokarapar Border Mirpurkhas (Sindh)	8.076
67	QA-7056-Medical Centre for Federal Government Servants, Quetta	33.956
68	QA-7057-Health Check Post Quetta Chaman Border	3.624
69	QA-7058-Health Check Post Quetta Zahidan Border	2.498
70	GL-3465-Health Check Post at (SOST) Khunjrab Pass	9.736
	Grand Total:-	28,074.000

PSDP

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FULL YEAR REVIEW OF PSDP 2021-22
(July 01, 2021 to JUNE 30, 2022)

Ministry of National Health Services Regulations & Coordination

S No	PSDP 2021-22	Name of the Project	Allocation 2021-22			Releases / Sanction during 2021-22				Utilization during 2021-22			Amount surrendered (if any)	% age utilization
			Rupee Allocation	Foreign Aid	Revised Rupee Allocation	Funds authorized by M/o PD&SI (Rupee)	Actual released/ sanctioned by Ministry/ Division Rupee	Foreign Aid Disbursed	Total actual releases / disbursement	Actual Rupee Utilization	Foreign Aid utilization	Total Utilization		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1	763	Antimicrobial Resistance (AMR) Containment and Infection Prevention Control (IPC) Program	150.000	-	131.200	150.000	131.200	-	131.200	131.083	0.000	131.083	11.300	99.99
2	764	Construction of Female Doctor Hostel at Pakistan Institute of Medical Sciences, Islamabad (Revised)	139.933	0.000	139.933	139.933	139.933	0.000	139.933	58.039	0.000	58.039	0.000	41.48
3	765	IB2031-Establishment of 200 Bed Centre of Excellence for Gynecology & Obstetrics, Rawalpindi	1639.900	0.000	200.000	200.000	200.000	0.000	200.000	200.000	0.000	200.000	1439.900	100.00
4	766	Establishment of 4-BHUs in ICT Islamabad.	420.340	-	420.340	252.204	252.204	-	252.204	138.000	0.000	138.000	282.340	54.72
5	767	Establishment of Allergy Centre at Quetta	49.036	-	15.593	49.036	15.593	-	15.593	13.455	0.000	13.455	33.443	99.11
6	768	Establishment of FGPC (PGMI) – II at G-11/2 Islamabad-(Acquisition of Land)	11.553	0.000	11.553	0.000	0.000	0.000	0.000	0.000	0.000	0.000	11.553	0.00
7	769	ID9631-Establishment of Safe Blood Transfusion Services in Islamabad Capital Territory (Revised)	100.000	50.000	50.000	50.000	50.000	50.000	100.000	49.566	50.000	99.566	0.000	99.57
8	770	Health System Strengthening of ICT Health Department to Prevent / Control Emerging Communicable Diseases in Islamabad	83.010	-	83.010	49.810	49.810	-	49.810	33.953	0.000	33.953	46.693	68.17
9	771	King Salman Bin Abdulaziz Al Saud Hospital at Tarlai, ICT, Islamabad	10.000	500.000	0.000	5.000	5.000	-	5.000	0.000	0.000	0.000	510.000	0.00
10	772	IB3475-Population Welfare Program, GB	107.800	0.000	53.900	53.900	53.900	0.000	53.900	53.900	0.000	53.900	53.900	100.00
11	773	Replacement/Upgradation of HVAC Plant Room Equipment & Allied Works at PIMS, Islamabad (Revised)	879.000	0.000	479.000	365.650	365.650	0.000	365.650	365.650	0.000	365.650	102.371	100.00
12	774	Sehat Sahulat Program Phase II	5600.000	0.000	3441.798	3436.405	3436.405	0.000	3436.405	3436.274	0.000	3436.274	2463.395	100.00
13	775	ID8836-Strengthening of Health Services Academy, Islamabad	8.000	92.000	100.000	4.000	4.000	87.471	91.471	91.472	0.000	91.472	8.528	100.00
14	776	ID0733-Strengthening Points Entry of Pakistan & Directorate of Central Health Establishments	150.000	0.000	150.000	150.000	75.000	0.000	75.000	45.064	0.000	45.064	104.750	60.09

S No	PSDP 2021-22	Name of the Project	Allocation 2021-22			Releases / Sanction during 2021-22				Utilization during 2021-22			Amount surrendered (if any)	% age utilization
			Rupee Allocation	Foreign Aid	Revised Rupee Allocation	Funds authorized by M/o PD&SI (Rupee)	Actual released/ sanctioned by Ministry/ Division Rupee	Foreign Aid Disbursed	Total actual releases / disbursemeat	Actual Rupee Utilization	Foreign Aid utilization	Total Utilization		
15	777	The Project for Extension of Intensive Care Department of Mother and Child Health Center & Children Hospital, Pakistan Institute of Medical Sciences (PIMS) Islamabad	129.820	2077.000	113.516	64.910	64.910	0.000	64.910	19.132	1658.000	1677.132	80.000	16.85
16	778	IB5041-Treatment of Poor Cancer Patients of ICT, AJK & Gilgit Baltistan (Total Cost Rs.4772.150 million, PSDP Share Rs.416.636 million	59.800	0.000	59.800	59.800	59.800	0.000	59.800	59.734	0.000	59.734	0.000	99.89
17	779	Upgradation of Department of Nephrology, PIMS, Islamabad.	30.030	0.000	30.030	30.030	30.030	0.000	30.030	23.006	0.000	23.006	7.024	76.61
18	780	Up-gradation of Existing Electric Supply System of FGPC	8.124	0.000	8.124	8.124	8.124	0.000	8.124	0.000	0.000	0.000	0.000	0.00
19	781	Upgradation of Non-Radiation Diagnostic Services in PIMS, Islamabad. (Revised)	115.577	0.000	115.577	115.577	115.577	0.000	115.577	107.740	0.000	107.740	0.000	94.89
20	782	Up-Gradation of the Rural Health Facilities & Strengthening of the Health Department for Effective Health Care Provision.	713.132	-	713.132	427.890	427.890	-	427.890	66.100	0.000	66.100	597.577	15.45
21	783	IB3471-Construction of Office Building for Drug Regulatory Authority of Pakistan (DRAP)	31.170	0.000	15.585	15.585	15.585	0.000	15.585	0.000	0.000	0.000	15.585	0.00
22	784	Development of Integrated DiseasesSurveillance and Response System (IDSRS) with Public Health Laboratories Network (PHLN) and Workforce Development for transition of Field Epidemiology & Laboratory Training Program(FELTP)	750.000	-	249.404	750.000	249.404	-	249.404	242.868	0.000	242.868	500.595	97.38
23	785	IB8006-Enhancement & Revamping of IT Infrastructure of NIHSR&C, Islamabad	328.000	0.000	318.000	159.000	159.000	0.000	159.000	0.0000	0.000	0.000	317.926	0.00
24	786	Establishment of 200 Beds Accident and Emergency Centre at PIMS including Feasibility	1750.000	0.000	1750.000	1750.000	1750.000	0.000	1750.000	1750.000	0.000	1750.000	0.000	100.00
25	787	IB5025-Establishment of Allama Iqbal Hospital, Islamabad (Feasibility) *(Establishment of 200 Beds Hospital, SW Islamabad)*	2000.000	0.000	1.250	1.250	1.250	0.000	1.250	1.250	0.000	1.250	1453.009	100.00
26	788	Establishment of BHU at Bhadana Kalan in ICT Islamabad	100.000	-	100.000	29.550	29.550	-	29.550	20.000	0.000	20.000	9.550	67.68

S No	PSDP 2021-22	Name of the Project	Allocation 2021-22			Releases / Sanction during 2021-22				Utilization during 2021-22			Amount surrendered (if any)	%age utilization
			Rupee Allocation	Foreign Aid	Revised Rupee Allocation	Funds authorized by M/o PD&SI (Rupee)	Actual released/ sanctioned by Ministry/ Division Rupee	Foreign Aid Disbursed	Total actual releases / disbursement	Actual Rupee Utilization	Foreign Aid utilization	Total Utilization		
27	789	Establishment of BHU at Bokra in ICT Islamabad	100.000	-	100.000	50.000	50.000	-	50.000	0.000	0.000	0.000	100.000	0.00
28	790	Establishment of CHC at Bari Imam in ICT Islamabad	150.000	-	150.000	110.000	135.600	-	135.600	135.539	0.000	135.539	40.000	99.96
29	791	"Jinnah Hospital (Ex-Name Establishment of PGPC (PGMI) – II at G-11/3 Islamabad including Feasibility	1000.000	0.000	1000.000	1000.000	1000.000	0.000	1000.000	1000.000	0.000	1000.000	0.000	100.00
30	792	Establishment of MNCH at Gohra Shahan Hamak, ICT Islamabad	100.000	-	100.000	60.000	60.000	-	60.000	25.000	0.000	25.000	75.000	41.67
31	793	Feasibility Study for Establishment of Research and Development (R&D) Laboratories at National Institute ofHealth, Islamabad	8.000	-	8.000	8.000	8.000	-	8.000	7.800	0.000	7.800	-	97.50
32	794	IB3474-Implementation of National Action Plan on Population (2021-26)	250.000	0.000	217.500	217.500	175.000	0.000	168.348	168.347	0.000	168.347	81.652	100.00
33	795	Installation of Chillers for Mortuary department at PIMS, Islamabad (Revised)	30.450	0.000	46.754	46.754	46.754	0.000	46.754	44.026	0.000	44.026	0.000	94.17
34	796	IB3466-Need Assessment of Health Human Recourses for Driving Innovation and Aochieving SDGs2030	65.000		65.000	32.500	32.500	0.000	32.500	5.429		5.429	59.533	16.70
35	797	IB3472-Prevention and Control of Blindness (PCB) Program in AJK	23.600	0.000	11.800	11.800	11.800	0.000	11.800	11.800	0.000	11.800	11.800	100.00
36	798	Programme for Family Planning and Primary Health Care Gilgit-Baltistan	250.000	0.000	250.000	250.000	125.000	0.000	0.000	125.000	0.000	125.000	125.000	100.00
37	799	Replacement of the Obselete Equipment and Procurement of New Electro-Medical Equipment at National Institute of Rehabilitation Medicine (NIRM), Islamabad (Revised)".	20.000	-	20.000	20.000	20.000	-	20.000	0.000	0.000	0.000	20.000	0.00
38	800	Revamping of Laboratory Animal Facility at National Institute of Health, Islamabad	117.397	-	-	117.397	-	-	-	0.000	0.000	0.000	117.397	0.00
39	801	ID8870-Securing of Land through GI Wire Netting with M.S Steel Gates for Establishment of King Hamad University of Nursing and Allied Sciences in Islamabad by Government of Kingdon of Bahrain	15.474	0.000	15.474	15.474	0.000	0.000	0.000	0.000	0.000	0.000	15.474	0.00

S No	PSDP 2021-22	Name of the Project	Allocation 2021-22			Releases / Sanction during 2021-22				Utilization during 2021-22			Amount surrendered (if any)	% age utilization
			Rupee Allocation	Foreign Aid	Revised Rupee Allocation	Funds authorized by M/o PD&SI (Rupee)	Actual released/ sanctioned by Ministry/ Division Rupee	Foreign Aid Disbursed	Total actual releases / disbursement	Actual Rupee Utilization	Foreign Aid utilization	Total Utilization		
40	802	Strengthening Mother and Child Health EmONC 24/7 Services at Bhara Kahu ICT Islamabad	120.000	-	120.000	72.000	72.000	-	72.000	46.461	0.000	46.461	48.000	64.53
41	803	Strengthening of Ophthalmology at FGPC Islamabad	107.890	0.000	85.764	85.764	85.764	0.000	85.764	0.000	0.000	0.000	85.764	0.00
42	804	Up-gradation of Drug Testing Facilities in Drug Control & Traditional Medicine Division, NIH, Islamabad	377.000	-	160.000	377.000	160.000	-	160.000	159.410	0.000	159.410	217.000	99.63
43	805	Upgradation of Neurosurgery Department and Provision of Essential Equipment in PIMS, Islamabad	500.000	0.000	500.000	500.000	500.000	0.000	500.000	0.000	0.000	0.000	500.000	0.00
44	806	Up-Gradation of Nursing School Hostel, FGPC	25.450	0.000	25.450	25.450	25.450	0.000	25.450	25.450	0.000	25.450	0.000	100.00
45	807	Up-gradation of Radiology Department at FGPC Islamabad	445.684	0.000	445.684	445.684	445.684	0.000	445.684	41.689	0.000	41.689	371.990	9.35
46	808	L09662-Upgradation of Radiology Department at Shaikh Zayed Post Graduate Medical Institute, Lahore	399.000	0.000	399.000	399.000	399.000	0.000	399.000	399.000	0.000	399.000	0.000	100.00
47	Through Re-approp	Coordination/Common Unit to Manage Global Fund (AIDS, TB & Malaria)	20.000	0.000	20.000	20.000	20.000	0.000	20.000	19.245	0.000	19.245	0.522	96.23
48	Through Re-approp	Procurement of MRI Equipment for Radiology Department of PIMS, Islamabad (2nd Revised)	0.000	0.000	60.450	60.450	60.450	0.000	60.450	60.450	0.000	60.450	0.000	100.00
49	Through Re-approp	ID8171 - National Maternal Neonatal and Child Natioinal Maternal and Child Health Programme (MNCH) AJK	245.741	0.000	245.741	245.741	245.741	0.000	245.741	245.741	0.000	245.741	0.000	100.00
50	Through Re-approp	IB2015 - Establishment of Total Diet Study Lab NIH Islamabad	7.500	0.000	7.500	7.500	7.500	0.000	7.500	6.783	0.000	6.783	0.000	90.44
51	Through Re-approp	IB0714 - Strengthening of Maternal and Child Health Care Services at FGPC (PGMI) Islamabad	8.442	0.000	8.442	8.442	8.442	0.000	8.442	8.442	0.000	8.442	0.000	100.00
52	TSG	Procurement, Installation and Commissioning of Medical Equipment at Three Hospitals of Afghanistan	200.000	0.000	200.000	200.000	200.000	0.000	200.000	0.505	0.000	0.505	199.495	0.25
		Total	19227.440	2719.000	12844.531	12414.713	11431.300	137.471	11457.119	9444.403	1708.000	11152.403	10118.274	97.50

PAKISTAN INSTITUTE OF MEDICAL SCIENCES

YEAR BOOK
FOR
2021-22

APPROVED BY:

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Federal Medical Teaching Institute (FMTI)
Ministry of National Health Services, Regulations & Coordination
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INTRODUCTION OF PAKISTAN INSTITUTE OF MEDICAL SCIENCES:

The plan of Pakistan Institute of Medical Sciences, Islamabad previously known as Islamabad Hospital Complex was conceived in the early 60's as the premier hospital for the Capital of Pakistan. Central Economic Committee (CEC) subsequently approved this in 1961 for a total cost of Rs. 16.5 million. The first conceptual design was prepared in 1965 by M/S Sir Llewely Davis Weeks and partners of U.K. The original site of Islamabad Hospital Complex (now PIMS) was located in the premises of National Institute of Health, which was changed later in 1970 to the present location i.e. Sector G-8/3, Islamabad. The project was taken up by Ministry of Health in 1976. The first tender for the civil work was awarded in April 1976. The construction work was in progress but it was decided to re-plan the Hospital as a Teaching Hospital. During February 1978, PC-I was revised for a total estimated cost of Rs. 243.3 million and was approved on 13-05-1980 for 592 bedded hospital along with residential facilities for the staff over an area of 140 acres. PIMS declared as a teaching hospital on 8.5.2004. The Ministry of Health notified this decision. PIMS has 5 Clinical Hospitals and 5 Academic Institutes under the Administrative control of the Board of Governor.
PIMS is now a **1254** bedded Hospital which includes Islamabad Hospital (713), Cardiac Center (99) Children Hospital (262), Mother & Child Health Centre (156), and Burn Centre (24).

Development:

Status of PIMS converted in Shaheed Zulfiqar Ali Bhutto Medical University vide SZABMU Act-XV/2013 and notified w.e.f. 21st March, 2013, its all properties/assets were transferred to SZABMU and Vice Chancellor was the Chief Executive of the University. After that, on dated 22nd March 2018 Pakistan Institute of Medical Sciences (PIMS) was restored to the status before the Commencement of Shaheed Zulfiqar Ali Bhutto Medical University Act 2013.
Later on FMTI (Federal Medical Teaching Institute) Act 2021 was passed by the National and Senate Assemblies and enacted in PIMS. Main object of this act is that to re-organize and provide autonomy to the Federal medical teaching institutes and their affiliated teaching hospitals to enhance the services being rendered by the institutions to improve performance, enhance effectiveness, efficiency and responsiveness for the provision of quality healthcare services and education and to make them into state of the art model institution of Pakistan.

Now the latest development is that, FMTI repeal bill is under process.

MISSION OF PAKISTAN INSTITUTE OF MEDICAL SCIENCES:

The mission of Pakistan Institute Of Medical Sciences is to be a premier research intensive medical university that will educate medical students, paramedics, and postdoctoral fellows in accordance with international professional standards; to prepare clinicians to practice patient-centered medicine of the highest quality; and to identify and answer fundamental questions with regards to prevention and treatment of diseases, in health care delivery and in the basic sciences there by to improve health through leadership, discovery and innovation in patient care, education and research.

- To advance national health through teaching, research and service; foster innovation, to build and bring about fresh, creative solutions that address the health needs of the Pakistani society.
- To attract the best and brightest minds and train them as future national and international leaders, and in setting standards of excellence among faculty, staff and to recruit, retain, nurture and promote those who represent the best in the country.
- To advance the academic and professional ranks of the very best faculty and staff through mentoring, training and strategic management of career transitions, building upon a diverse community of scientists, clinicians, administrators, staff, trainees and students together with monitoring, transparency and accountability.
- To create and provide laboratory infrastructure equipped with next generation sequencing, DNA Typing, PCR analysis and protein purification processes, for advanced research in, genetic and infectious diseases, stem cells and re-generative medicine, gene cloning and translation of laboratory research into products and processes of direct relevance to National Health.

Role & Objective

- To Provide medical facilities
- To function as a referral centre for specialized patient's care services.
- To establish liaison with others health institutions.
- Provide training to under & postgraduate doctors, nurses, paramedics & allied health personals.
- Act as a focal point for national and international agencies working in the field of health.
- To organize /conduct research in the field of health.

GRADE WISE LIST OF EMPLOYEES WORKING IN PIMS, 2021-22

Name of Ministry/ Attached Dept / Subordinate offices/ Organizations.	BPS	Sanctioned	Filled	Vacant	To Be Filled	
					By Promotion	By Initial / Direct
1	2	3	4	5	6	7
PIMS	21	1	1	0	0	0
	20	52	20	32	25	7
	19	82	32	50	36	14
	18	280	98	182	73	109
	17	663	456	207	28	179
	16	954	668	286	21	265
	15	26	25	1	0	1
	14	105	86	19	3	16
	13	2	2	0	0	0
	12	81	79	2	0	2
	11	80	75	5	0	5
	10	4	3	1	0	1
	9	379	345	34	7	27
	7	54	33	21	0	21
	6	9	8	1	0	1
	5	49	42	7	0	7
	4	109	95	14	0	14
	3	18	17	1	0	1
	2	535	454	81	0	81
	1	676	631	45	0	45
TOTAL		**4159**	**3170**	**989**	**193**	**796**

SANCTIONED STAFF STRENGTH

S. No.	Categories	Sanctioned	Filled	Vacant	By Promotion	By Initial / Direct
1	Doctors (BPS 17-21)	818	444	374	121	253
2	Nurses (BPS 16-20)	984	724	260	10	250
3	Paramedics (BPS 09-17)	456	376	80	32	48
4	Other Staff (BPS 01-20)	1901	1626	275	30	245
GRAND TOTAL		**4159**	**3170**	**989**	**193**	**796**

BED STRENGTH
(HOSPITAL WISE)
2021-22

Sr. No	Department	Bed Strength
1.	Islamabad Hospital	713
2.	Children Hospital	262
3.	Mother & Child Health Center	156
4.	Burn Centre	24
5.	Cardiac Care Centre	99
Total		**1254**

PATIENTS STATISTICS 2021-22.

Statistics Summary

Component	OPD	Indoor	Discharge	EAC		Death		Pathology (No of Tests)	Radiology (No of Tests)	No.of Immunization	Operations		Birth	LSCS
				New EAC	Main EAC						Major	Minor		
Islamabad Hospital	647,844	38,685	35666	504,140	866	3,915		2,918,219	374,222	-	7348	2406	-	-
				505,006										
Children Hospital	309,004	14,184	12,938	173,033		1,319		964,036	61,277	96,201	4550	1433	-	-
Maternal & Child Health Care Center	61,656	14,786	14,532	16,651		Maternal Mortality	Neonatal Mortality	74,712	25,339	-	5901	775	12285	5182
						14	171			-				
Cardiac Center	54,164	6,662	6,366	24,455		454		-	4,518	-	316	42	-	-
Burn Unit	13,307	557	475	4,619		57		-	-	-	181	491	-	-
Grand Total	**1,085,975**	**74,874**	**69,977**	**723,764**		**5,930**		**3,956,967**	**465,356**	**96,201**	**18,296**	**5,147**	**12,285**	**5,182**

Covid -19 vaccination centre PIMS OPD
(Citizen Vaccinated in Year 2021-22)

Sinopharm	Sinovac	Cansion	Asrrazeneca	Moderna	Pfizer	Total Vaccinated
10,762	43,151	470	4,645	8,835	1,544	69,407

Source Of Data Collection is Deputy Director Hallow Statement

PIMS Hospital Bed Occupancy Rate 2021-22.

PIMS	Bed	Cumulative Beds	Admission	Discharge	Cumulative Indoor Patient days	Bed Occupancy %	Average length of stay (ALOS)	Bed Turnover Rate (BTO R)
	1140	416100	74874	69977	272864	66	4	66

Component Wise PIMS Hospital Bed Occupancy Rate 2021-22.

Sr. No	Wards	Bed	Cumulative Beds	Admission	Discharge	Cumulative Indoor Patient days	Bed Occupancy %	Average length of stay (ALOS)	Bed Turnover Rate (BTO R
1	Islamabad Hospital	650	237250	38685	35666	152038	64	4	60
2	Children Hospital	245	89425	14184	12938	51959	58	4	58
3	Mother & Child Health Care Center	130	47450	14786	14532	39281	83	3	114
4	Cardiac Center	91	33215	6662	6366	22764	69	3	73
5	Burn Care Center	24	8760	557	475	6822	78	12	23
Total		1140	416100	74874	69977	272864	66	4	66

Over all bed occupancy ratio = Total Patients Bed days Occupied x 100 /Total beds days available.

Average length of stay (ALOS) = Total beds occupied / Total Admissions.

Bed Turnover Rate (BTO R) = No. of Admissions / No. of Beds.

BUDGET ALLOCATION FOR THE YEAR 2021-22.

Components	Original Budget	Final Budget	Expenditure
Islamabad Hospital	4,009,087,000	4,412,707,000	4,413,740,106
Children Hospital	741,747,000	912,452,000	889,452,465
MCH	408,242,000	602,852,000	601,842,788
Cardiac Centre	395,334,000	222,255,000	204,659,624
Burn Care Centre	182,921,000	224,021,000	223,242,637
CN/CMT	89,655,000	101,449,000	97,076,324
Over all PIMS	**5,826,986,000**	**6,475,736,000**	**6,430,013,944**

HOSPITAL REVENUE COLLECTION IN 2021-22

Islamabad Hospital			MCH	C.H	Total
OPD	Pvt. Wards	Total	IPD/OPD	IPD/OPD	
78,609,555	13,138,500	91,748,055	40,133,615	12,065,495	143,947,165
		63.74%	**27.88%**	**8.38%**	

SOCIAL WELFARE DEPARTMENT

The total number of patients who were provided free medicines by PIMS during the last financial year 2021-22

In Rupees

Sr. No	Description	No. of Patients	Allocation	Expenditure
1	ZAKAT	1012	80,00000	80,00000
2	BAIT-UL-MALL	1699	27,36,62,193	----

COMPONENTS WISE TEACHING PERFORMANCE IN PIMS 2021--22.

Institutions		Enrollment	Pass Out	No of Disciplines	Year of Commencement
College of Nursing	Spl. Nsg. Diploma 01 Year	48	Result Awaited	06	2021
	Post RN BSc Degree,	45	33	01	2021
	04 Years Generic BSN Degree	43	In Progress	01	2021
School of Nursing	General Nursing	-	141	-	2019-21
	Midwifery	48	48	-	2021-22
	BSN (04 years Degree Program	48	-	-	2021-2024
College of Medical Technology		151	121	8	1987

SPL. Nsg. ⟶ Specialization Nursing.

RN ⟶ Registered Nurse.

ACTIVITIES HELD AT MCH TRAINING CENTER 2021-22.
(Virtual Meetings)
(MCH Unit-II)

YEAR	NO. OF ACTIVITIES (NICU + Mortality Meeting)	MEETINGS	
		CPCP	NOORI
2021-22	25+11=36	12	26

MATERNAL HEALTH EDUCATION

	General Ward (Vaccination Center)		Private Ward		MCH OPD	
Year	Sessions	Participants	Sessions	Participants	Sessions	Participants
2021-22	-	5161	-	1296	-	4384

(Million Rs)

	Name of Ministry/Division:		Pakistan Institute of Medical Sciences (PIMS)/Ministry of Ministry of National Health Services, Regulations & Coordination Islamabad.													
PSDP 2021-22 Sr. No.	Name of Project	Total Cost	Actual Expenditure upto 30th June, 2021	Allocation2021-22			Sanction / Release during 2021-2022				Utilization During 2021-22			Amount Surrender if any	Amount Lapsed if any	Remarks/ Issue, If any
				Original Rupee Allocation	Foreign Aid Foreign Aid Foreign Aid	Revised Rupee Allocation	Funds Authorized by M/O PD&SI (Rupee)	Actual Released Sanctioned by Ministry / Division (Rupees)	Foreign Aid Disbursed	Total Actual Releases/ Disbursement (Col 9+10)	Actual Rupee Utilization	Foreign Aid Utilization	Total Utilization (Col 12+13)			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
764	Construction of Female Doctor Hostel at Pakistan Institute of Medical Sciences, Islamabad (Revised)	222.062	82.129	139.933	0	139.933	139.933	139.933	0	139.933	139.933	0	139.933	0	0	The project was under execution by Pak PWD and has been completed by June 2022. handing over of building is under process.
773	Replacement/ Up-gradation of HVAC Plant Room Equipment & Allied Works at PIMS, Islamabad. (Revised)	1090.65	725	879	0	479	365.65	365.65	0	365.65	365.65	0	365.65	102.377	11.623	Second Revised PC-I of the project has been Submitted to Planning Commission for approval of CDWP,'- Reappropriation of Funds Rs. 11.623 Million for payment of GST/ Sales Tax in the project titled "Up-gradation of Non-Radiation Diagnostic Services at PIMS" were approved by NHSRC but were not approved by the Finance Division.
777	The Project for Extension of Intensive Care Department of Mother and Child Health Center & Children Hospital, Pakistan Institute of Medical Sciences (PIMS) Islamabad.	4270.586	39.969	129.82	2077	113.516	64.91	64.91	0	64.91	33.516	0	33.516	80	0	Construction of Building is under process by the JICA Contractor and will be completed in April 2023. Grand Opening of new facility is scheduled to be held in July 2023. It is also submitted that the allocation reflected in FEC is Grant Aid and the same is directly released/ disbursed to the JICA Contractor by Govt of Japan and is not transferred to PIMS/ Govt. of Pakistan.

779	Up-gradation of Department of Nephrology, PIMS, Islamabad.	72	38.631	30.03	0	30.03	30.03	30.03	0	30.03	23.006	0	23.006	7.607	0	Project completed by Dec 2021.
781	Up gradation of Non-Radiation Diagnostic Services in PIMS, Islamabad. (Revised)	198.13	84.553	113.577	0	113.577	113.577	113.577	0	113.577	109.386	0	109.386	0	0	Project completed by June, 2022.
786	Establishment of 200 Beds Accident and Emergency Centre at PIMS including Fensibility	4825.28	0	1750	0	1750	1750	1750	0	1750	1750	0	1750	0	0	Project is under execution by M/O NHSR&C.
795	Installation of Chillers for Mortuary department at PIMS, Islamabad. (Revised)	57.75	0	30.45	0	46.754	46.754	46.754	0	46.754	44.026	0	44.026	0	2.728	Project completed by June, 2022. Case for re-appropriation of Rs. 2.728 millin was taken up with Finance Division for approval after cut off date which was not allowed and as a result the funds were lapsed.
805	Upgradation of Neurosurgery Department and Provision of Essential Equipment in PIMS, Islamabad.	2167.936	0	500	0	500	500	500	0	500	0	0	0	500	0	PC-I was considered by the CDWP in its meeting held on 4-5 June 2021 with the direction to submit modified PC-I after addressing the certain observations. The same has been furnished to NHSRC on 03.09.2021. Admin Approval was issued on 16.04.2022.
	Procurement of MRI Equipment for Radiology Department of PIMS, Islamabad (2nd Revised)	463.45	403	0	0	60.45	60.45	60.45	0	60.45	60.45	0	60.45	0	0	Third Revised PC-I of the project has been Submitted to Planning Commission for approval of CDWP.
Total		13367.844	1373.282	3572.81	2077	3233.26	3071.364	3071.364	0	3071.304	2525.967	0	2525.967	689.984	14.351	

PSDP FUTURE PLAN OF PSDP 2022-23.

					Rupee Allocation	Foreign Aid	Total	Funds Demanded (Rupee)	Actual Released Sanctioned by Ministry/ Division (Rupees)	Foreign Aid Disbursed	Total Actual Release/ Disbursement (Col 9+10)	Actual Rupee Utilization	Foreign Aid Utilization	Total Utilization (Col 12+13)					
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
1	753	The Project for Extension of Intensive Care Department of Mother and Child Health Centre & Children Hospital, PIMS Islamabad.	4738.300 (FEC 3074.438 Local 738.449)	67.115	250.000	0.000	250.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	17%	50%	30/06/2022	30/06/2023	Construction of Building is under process by the RCA Contractor and will be completed in April 2023. Procurement & installation of equipment will be completed by June 2023. MD NHSRC has been requested for grant of 24 months extension with execution period w.e.f 07-08-2022 to 06-08-2024.
2	774	Establishment of 200 Beds Accident and Emergency Center at PIMS including Feasibility.	4825.500	1750.000	800.000	0.000	800.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	35%	65%	30/06/2024	30/06/2024	Project is under extension by MD NHSRC through IDAP.
3	795	Procurement of MRI Equipment for Radiology Department of PIMS, Islamabad (2nd Revised)	463.450	463.450	120.000	0.000	120.000	120.000	0.000	0.000	0.000	0.000	0.000	0.000	100%	50%	30/06/2022	30/06/2023	Procurement of CT Scan has been completed. LC for procurement of MRI machines (1.5 Tesla) could not be materialized due to excess fluctuation in Dollar exchange rate. Hence Third Revised PC-I of the project Amounting to Rs 563.45 million has been Submitted to Planning Commission for approval of CDWP.
4	798	Up-gradation of Neurosurgery Department and Provision of Essential Equipment in PIMS, Islamabad.	2167.036	0.000	495.000	0.000	495.000	495.000	95.000	0.000	95.000	0.000	0.000	0.000	0%	0%	30/06/2023	30/06/2024	PC-I was considered by the CDWP in its meeting held on 4-5 June 2021 with the direction to submit modified PC-I after addressing the certain observations. The same has been furnished to MD NHSRC on 07.09.2022. Admin Approval was issued on 16.04.2022. Tendering is under process by purchase department of PIMS. Committee for preparation of tender documents has been constituted. Report of the committee is awaited.
	804	Establishment of Cancer Hospital in Islamabad	1090.000	0.000	250.000	0.000	250.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0%	0%		30/06/2024	Revised PC-I is under submission for approval of CDWP
6		Replacement/ Up-gradation of HVAC Plant Room Equipment & Allied Works at PIMS, Islamabad. (Revised)	1090.630	1090.630	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	100%	87%	30/06/2023	30/06/2023	Second Revised PC-I of the project amounting to Rs. 1187.75 Millions has been Submitted to Planning Commission for approval of CDWP. Pre-CDWP meeting was held on 11-08-2022 minutes of the meeting are awaited. However, there are no funds allocated in current year PSDP 2022-23
	Total		9453.666	2200.562	1665.000	0.000	1665.000	615.000	95.000	0.000	95.000	0.000	0.000	0.000					

Chapter 3

National Institute for Rehabilitation Medicine
Ministry of national Health Services, Regulations & Coordination
***

MATERIAL FOR YEAR BOOK 2021-22

INTRODUCTION.

The National Institute for Handicapped was established in 1987 throu Presidential order. At the time of its creation, the Institute was under administrative control of the Ministry of Social Welfare and Special Educa later on it was handed over to the Ministry of Health in 2001 and in 2008 its was changed to **"National Institute of Rehabilitation Medicine"**. devolution in wake of 18th amendment in 2011, the Institute becar subordinate office of the Capital Administration and Development Div (CA&DD) till September, 2018. Presently working under the administrative co of Ministry of National Health Services, Regulations and Coordination.

NIRM was initially a 60 bedded hospital. After earthquake, in October, it was extended to 160 beds. NIRM is a tertiary level facility meant to pr comprehensive and effective health care to patients with disabilities on pr basis, free of cost. It's Outpatient Departments (OPDs) cater to more thar disabled patients per day and indoor bed occupancy is 92% + per month o average. Patients admitted here are provided complete medical care incl investigations, ward admission, medical consultation, surgery, all medicine surgical material, anesthesia, ICU care, post operative care, rehabilitation high quality diet.

I. ROLE AND FUNCTIONS.

NIRM is a specialized hospital for disabled persons, referred from al the country for their long term rehabilitation and treatment. As NIRM is r acute care facility, we do not have an Emergency department. We care for pa with all types of chronic disabilities including visually challenged, h impaired, physically and mentally challenged. As such, long-term rehabilitat these patients requires longer hospital stays. For optimal patient care, m

staff i.e doctors/ nurses are also available in the evening and night shifts on rotational basis and in case of any emergency medical specialists are also available on call. All the patients presenting to the OPDs from 8:00 Am to 2:00 pm are attended efficiently there and those requiring admission are catered accordingly.

DEPARTMENTS:

The Institute has the following clinical & diagnostic departments and associated services:-

i. Orthopedic.
ii. Eye
iii. ENT
iv. Pediatric Surgery
v. Pediatric Medicine
vi. Psychology
vii. Psychiatry
viii. Physiotherapy
ix. Speech Therapy
x. Urology
xi. Pathology
xii. Radiology
xiii. Anesthesia and Operation Theatre
xiv. Dentistry OPD with Margalla Institute of Health Sciences.
xv. Social Welfare Department
xvi. Orthotic workshop.

Staffing position (Sanctioned posts by grade, filled, vacant)

List Annexed

Results achieved during July 2021 to June 2022.

The statistics of services provided by Orthotic & Prosthetic workshop during the period 2021-22 are as under:-

S.No.	Name of Services	Total Number
1	**Artificial Limbs,** Above Knee Prosthesis Below Knee Prosthesis	48
2	**Implants** THR-TKR and Mega Prosthesis	99
3	**Hearing Aid**	190
4	**Wheel Chairs**	133

PERFORMANCE INDICATORS FOR CLINICAL DEPARTMENTS:-

Year	Indoor Admissions	Out door	Surgeries	Lab Tests	Radiology			
					X-ray	Ultra-sound	MRI	CT
2021-22	1554	135969	1429	109441	13392	1115	1428	730

Filling-up of vacant posts through promotion:

Following vacant posts meant for promotion have been filled through DPC.

S.No. Name of post

1. **Anesthetist (BS-18)**
2. **Psychiatrist (BS-18)**
3. **Orthopedic Surgeon (BS-18)**
4. Matron (BS-18)
5. **Speech Therapist (BS-17)**
6. **Assistant Director (BS-17)**
7. **Principal Technician (BS-17)**

In Addition to the above 07 Medical Officer 0f BS-17 were placed in BS-18.

Filling-up of direct quota vacant posts through FPSC:

During the year 2021-22 following two posts were filled through FPSC:

i. Certified Orthotist (BS-17)

ii. Principle Technician (BS-17)

ii **Re-activation of Psychiatry Department**

During the year 2021-22 Psychiatry Department was re-activated. Now it is functional, headed by Dr. Asma Kiyani, Psychiatrist (BS-18).

iii. **Improvement of Orthothic and Prosthetic Workshop**

To improve the functioning of present Orthotic Workshop a post of Certified Orthotist (BS-17) was created and has been filled through FPSC. The officer has joined the duty and providing services to the handicapped persons in the Orthotic Workshop.

FUTURE PLANS AND GOALS.

i Purchase of Machines through PSDP.

i. MRI
ii. Cleaning and Washing Unit

ii. Establishing of Neurology Department

This Institute is planning to set up a Neurology Department. A post of Neuro Physician (BS-18) was created and has been advertised through FPSC on 21-4-2021. After appointment of the Neuro Physician the department will start functioning.

iii. Improvement of Dentistry Department

To improve the functioning of present Dental Department and to provide better Dental Services to the handicapped patients a post of Dental Surgeon (BS-17) was created and has been advertised through FPSC. Recruitment is under process in FPSC.

iv. BS Degree Prgramme in Speech and Language Therapy

A present the Post Graduate Diploma in Speech and Language Therapy (PGDSLT) at NIRM is continued since 1991. Due to change in HEC Policy the demand of qualification has been changed from PGDSLT or M.S. Speech Language Pathology (SLP) to BS(SLP), therefore a plan of BS degree programme in Speech and Language Pathology has been submitted to Shaheed Zulfiqar Ali Bhutto Medical University (SZABMU).

Annex - I

ANNUAL PERFORMANCE REPORT 2021 -2022

MORNING SHIFT

S. No.	Name of OPD	Total
01	CARDIOLOGY	54200
02	NEUROLOGY	12203
03	DENTAL	40539
04	SKIN	0
05	DIABETIC	92933
06	ENDOCRINE	3466
07	E.N.T	34597
08	EYE	31000
09	OFFICERS	8267
10	GYANE	45460
11	LIVER	20063
12	FEMALE medical	89265
13	MALE medical	68624
14	NEONOTLOGY	36
15	NEPHROLOGY	5837
16	ORTHOPIDIC	44546
17	PEDIATRIC	96721
18	PHYSIOTHRAPY	16099
19	PSYCAIATRY	0
20	RHUMOTOLGY	8530
21	SURGICL female	30657
22	SURGICAL male	32958
23	UROLOGY	27328
24	ACCUPNITURE	0
25	CASUALITY	535949
	TOTAL	1289278

EVENING SHIFT

S. No.	Name of OPD	Total
01	DENTAL	CLOSED DUE TO COVID-19 PANDEMIC
02	SKIN	
03	ENT	
04	EYE	
05	FEMALE medical	
06	MALE medical	
07	PEDIATRIC	
08	SURGICL female	
09	SURGICAL male	
10	PHYSIOTHRAPY	
	TOTAL	0

FGPC ATTACHED DISPENSARIES REPORT JULY 2021 TO JUNE 2022

S.No.	NAME OF DISPENSARIES	TOTAL PATIENTS
01	A BLOCK DISP	27510
02	K BLOCK DISP	14802
03	Q BLOCK DISP	12073
04	F-6/1 DISP	11839
05	G-7/1DISP	15926
06	G-7/2 MALE DISP	14161
07	MEDICAL CENTRE G-7/3-4	89055
08	G-9/2 DISP	29740
09	G-10/3 DISP	12954
10	I-8 DISP	12499
11	A.G.P.R DISP	13103
12	POLICE LINE DISP	32774
13	MTY WING G-6/1-4	15541
14	AWAN SADDAR MCH COLONY	17929
15	PRIME MINISTER	12142
16	FEDERAL LODUGE PARLEMINT	23683
17	CABINAT SECTRIATE	21116
18	FOREIGN AFFAIRS	10040
19	SUPREME COURT	13125
20	S.H.C NO. II	6588
21	JUDGES ENCLAVE	2800
22	AWAN SADDAR DISP	7250
23	NATIONAL ASSEMBLY	25605
24	F.B.R DISP	17544
25	FPSC	9228
26	IBD HIGH COURT	8110
27	PM STAFF COLONY	15361
28	ELECTION COM.	7850
	TOTAL	500348

The patients admitted during period from July, 2021 to June 2022 are shown each wards;-

S.NO.	NAME OF WARDS	ADMISSION	DEATHS
1	OFFICER	669	1
2	GYANE	481	22
3	PEADS	34256	126
4	SURG-II G.Surg	1319	0
	SURG-II Ortho	382	0
	SURG-II -Urology	285	0
5	Surg- ICU-Urology	22	0
	Surg- ICU Surgical	394	27
	Surg- ICU Ortho	0	0
	Surg- ICU Gynae	0	0
	Surg- ICU Medicine	0	0
	Surg- ICU Cardio	0	0
6	CCU	1658	51
7	N.I.C.U.	1570	93
8	LABOUR ROOM	4250	0
9	MEDICAL.I	1009	24
10	FEMEDICAL II	874	15
11	MEDICAL ICU	564	185
12	NEPHROLOGY	186	5
13	MTY WARD.I	2184	0
14	MTY .II	1852	0
15	N.OU..	2259	1
16	SUR-I - ENT	69	0
	SUR-I Eye	657	0
	SUR-I G. Sur	1009	2
	SUR-I Urolo	26	0
	SUR-I Ortho	13	0
17	MTY.WING G-6/1-4	5707	1
18	OBSTETRIC ICU	702	0
19	L/R PVT	183	0
20	ITC WARD	327	44
21	PSYCHIATRY	29	0
	TOTAL	62936	597

Surgical Procedures done during JULY, 2021 to JUNE 2022 are as under:-

SURGERY		UROLOGY		ORTHO		GYANE		ENT		EYE		TOTAL		G.Total
Maj	Min	Maj	Min	Maj	Min	Maj	Min	Maj	Min	Maj	Min	Maj	Min	
1717	2606	2549	89	670	73	54	6	373	287	257	152	5474	3213	8887

Total numbers of E.C.G & E.T.T/ Thallium Scan done in Federal Government Polyclinic Islamabad from JULY 2021 to June , 2022.

MALE	FEMALE	ECG	ETT	ECHO	NUCLEAR/MIBI SCAN	TOTAL
40320	29511	65259	1352	2535	685	**69831**

VACCINATION DEPARTMENT STATISTICS FROM JULY 2021– JUNE 2022 , FGPC

S.NO.	NAME OF TEST	TOTAL
01	M M R	**149**
02	YELLOW FEVER	**569**
03	MENINGITIS	**118**
04	HEPATITIS-B	**112**
05	TYPHOID	**103**
06	ALLERGY VACCINATION	**1144**
07	INFLUENZA (FLU) VACCINATION	**15**
08	POLIO VACCINATION	**7369**
09	OTHER VACCINATION Combined vaccination, Diphtheria, Hexamine, Tetanus, Hep-B, Polio, Homophiles, Influenza B- Type Vaccine	**119**
10	MONTOUX TEST	**23**

IMMUNIZATION REPOPRT (PAED) FROM JULY 2021 TO JUNE 2022.

B.C.G.	OPV	PENTA	PCV	IPV	ROTA	MEASALES	TCV	TOTAL
3443	10290	6847	6847	2888	4768	3570	2046	**40699**

BLOOD BANK STATISTICS FROM JULY 2021 TO JUNE 2022.

S.NO	NAME OF TEST	TOTAL
01	BLOOD GROUPING	32433
02	BLOOD DONATION	3865
03	BLOOD CROSS MATCHED	8307
04	PACKED CELL PREPARATION	3865
05	FFP PREPARATION	3865
06	PLT PREPARATION	1802
07	FF P ISSUED	2468
08	BLOOD ISSUED	3739
09	BLOOD COOMB'S TEST (DIRECT)	132
10	BLOOD COOMB'S TEST (INDIRECT)	132
11	DONOR REACTION	1
12	ADVERSE TRANSFUSION REACTION	0
13	MILD TRANSFUSION REACTION	0
14	BLOOD BAGS SCREENED FOR HbSAg	3865
15	BLOOD BAGS POSITIVE FOR HbSAg	143
16	BLOOD BAGS SCREENED FOR HCV	3865
17	BLOOD BAGS POSITIVE FOR HCV	260
18	BLOOD BAGS SCREENED FOR HIV	3865
19	BLOOD BAGS POSITIVE FOR HIV	2
20	BLOOD BAGS SCREENED FOR MP	3865
21	BLOOD BAGS POSITIVE FOR MP	0
22	BLOOD BAGS SCREENED FOR VDRL	3865
23	BLOOD BAGS POSITIVE FOR VDRL	0
24	DEFERED DONORS(UNFIT)	2
25	BLOOD BAGS DISCARDED AFTER SCREENING	403
26	PATIENT SCREENED FOR HCV (OPD)	25052
27	PATIENTPOSITIVE FOR HCV (OPD)	764
28	PATIENT SCREENED FOR HbSAG	26052
29	PATIENT POSITIVE FOR HbSAG	1154
30	THALACEMIC TRANSFUSIONS & WOD	803
31	RH ANTIBODIES	198
	TOTAL	134767

X-RAYS DONE IN FGPC,ISLAMABAD FROM JULY 2021 TO JUNE 2022.

01	MALE	59677
02	FEMALE	97196
03	ENTILTED PATIENTS	95390
04	NON-ENTILED PATIENTS	61483
	GRAND TOTAL	**156873**

SPECIAL INVESTIGATIONS OF X-RAYS.

01	I.V.U.	24
02	BARIUM MEAL	19
03	BARUM MEAL FOLLLOW THROUGH	11
04	BARIUM SWALLOW	19
05	BARIUM ENEMA	6
06	R.U.G.	9
07	H.S.G	0
08	T.TUBE CHOLONG GRAM	12
09	Mc. Ug	0
10	LPG	15
11	FISTULOGRAM	8
	TOTAL	**123**

PATHOLOGY DEPARTMENT

CHEMISTRY SECTION

1	Glucose	**42066**
2	Urea	**67616**
3	Cratinine	**71267**
4	U/Asid	**66117**
5	T.Protein	**13112**
6	Albumin	**15368**
7	Magnesium	**12878**
8	Calcium	**20864**
9	Phosporous	**14714**
10	Amylase	**14862**
11	Electrolytes	**59503**
12	Cholestrol	**18322**
13	Triglyceride	**17868**
14	HDL	**8365**
15	LDL	**8163**
16	T. Billirubin	**53854**
17	Alk. Phos	**61671**
18	ALT	**64502**
19	CPK	**16474**
20	CK-MB	**14162**
21	LDH	**17549**
22	SGOT	**16247**
23	Direct Billirubin	**2662**
24	HBA1C	**8092**
25	LIPASE	**6308**
	TOTAL	**706955**

URINE SECTION

01	URINE R/E	51923
02	URINE PERGENCY TEST	1855
03	STOOL R/E	1590
04	STOOL OCCULT BLOOD	352
5	STOOL H PYLORI Ag	1744
	TOTAL:-	57456

MICROBIOLOGY SECTION FGPC.

01	URINE C/S	3159
02	THROAT SWAB C/S	23
03	PUS C/S	1087
04	NASAL SWAB C/S	8
05	EYE SWAB C/S	16
06	HVS C/S	95
07	SPUTUM C/S	59
08	BLOOD C/S	3083
09	CSF	6
10	STOOL C/S	409
11	SKIN SCRAPING	79
12	ZN STAIN	308
13	KLB STAIN	0
14	BIOCHEMICAL TEST	918
15	GRAM STAIN	1803
	TOTAL	11158

SEROLOGY DEPARTMENT FGPC.

1	WIDAL	0
2	VDRL	503
3	ASOT	245
4	RAF	1417
5	CRP	22664
6	BRUCLLA	232
7	ANA	700
8	TYPHOID	4543
9	AFB	119
10	DENGUE	13331
11	D-SER	1533
12	ICT TB	420
13	H PYLORIE AB	135
	TOTAL	46931

HISTOPATHLOGY SECTION FGPC

01	**FNA-C**	641
02	**HISTOPAT-HOLOGY**	122
03	**CYTOLOGY**	28
	TOTAL	791

HAEMOTOLOGY MORNING SHIFT

1	CP	211467
2	ESR	20979
3	P.FILM	2042
4	RETE COUNT	1338
5	MP	2806
6	PT	29935
7	APTT	29935
8	FIBROGEN	6
9	FDP.S	0
10	D. DIMER	9654
11	BT/CT	527
12	BONE MAROW	34
	TOTAL	**558032**

MCH CENTRE, AABPARA LABORATORY STATISTICS JULY 2021 - JUNE 2022

1	CP	**2802**
2	SUGAR	**498**
3	GROUP	**1026**
4	P.TIME	**77**
5	APTT	**77**
6	B.T.	**665**
7	C.T.	**665**
8	URINE R/E	**1618**
9	URINE PREG.	**476**
10	ESR	**0**
	TOTAL	**7704**

CIVIL SURGEON DISP. G-7/3-4 LABORATORY STATISTICS JULY 2021 - JUNE 2022

S.No	NAME OF TEST	TOTAL
1	CP	**5630**
2	ESR	**5116**
3	Urine R/E	**5142**
4	HbsAg	**5360**
5	HCV	**5360**
6	BSR	**5010**
	Total	**32068**

TOTAL PATHOLOGY STATISTICS 2021 - 2022

1	Chemistry Section	706955
2	Urine Section	57456
3	Microbiology Section	11158
4	Serology Section	46931
5	Histopathology Section	791
6	Hematology Section	558032
7	MCH Centre, Aabpara	7704
8	Civil Surgeon Disp. G-7/3-4	32068
	TOTAL	**1421095**

STATISTICS REPORT OF ENDOSCOPY DEPARTMENT FROM JUL 2021 TO JUNE 22

S.NO.	MONTH	TOTAL
01	UPPER GI ENDOSCOPY	481
02	LOWER GI ENDOCOPY	188
03	VIRICEAL LIGATION (EVL)	53
G. Total		722

TETANUS VACCINATION FOR PREGNANT WOMEN 2021 – 2022

1ST DOSE	2ND DOSE	TOTAL
2778	1145	3923

EXMINATION AT FIRST APPOINTMENT

The following numbers of government employees of various Ministry/Division departments were Medically examined in Fist appointment Medical Examination during July, 2021 to Jun 2022 in Federal Government Polyclinic, Islamabad.

MEDICAL CENTRE [CIVIL SURGEON] FEDERAL GOVERNMENT POLYCLINIC, ISLAMABAD.

01	FIRST APPONITMENT MEDICAL CHECK-UP	3488
02	ANNUAL MEDICAL EXAMINATION	714
03	OTHER MEDICAL .i.e. Second Medical Opinion, Foreign Training Medical, Foreign Posting Medical	182

~~Chapter-04~~

Chapter-5

FEDERAL GENERAL HOSPITAL ISLAMABAD

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YEAR BOOK-2021-22

1. **Introduction: -**

The Federal General Hospital (FGH), Chak Shahzad, Islamabad was established on 27th February, 2012. It is the first and presently the only Federal Government Hospital in Rural Islamabad. The Federal General Hospital, Islamabad is a 200 bed hospital spread over an area of more than 22 Kanals. The hospital is providing health care facilities to a large encatchment area.

2. **Target And Goals: -**

The Federal General Hospital (FGH), Islamabad is providing quality health care to the rural community. This has resulted in decrease of load on the tertiary care Federal Government Hospitals of Islamabad such as PIMS & FGPC. The trust of the community is evident from the fact that there has been a three to four fold increase in the number of patient availing treatment from the hospital since the time of its inception. The patient turnover for the calendar year 2021-22 is 503,386 and is expected to surpass 600,000 in 2022-23.

3. **Activities: -**

Presently following departments are functional: -

1. Emergency Department
2. Obs & Gynae Department
3. General Surgery Department
4. General Medicine Department
5. Orthopedic Department
6. Eye / Ophthalmology Department
7. Pediatrics Department
8. Physiotherapy Department
9. Pathology Department
10. Radiology Department
11. Immunization Department (For COVID & Polio)

The Federal General Hospital (FGH) is providing following diagnostic facilities

1. Ultrasound Gynae & Obs
2. Radiological (X-Ray)
3. Laboratory

(169)

4. Progress: -

a. Physical Progress

The Federal General Hospital (FGH), Islamabad is a new hospital with a dedicated & devoted team working with zeal and enthusiasm to bring the hospital to a level of excellence making it a role model for other Federal Government Hospitals. Tabulated data showing patients availing treatment from Federal General Hospital.

S. No	Duration	Total Number of Patients	
1.	1st July, 2021 to 30th June, 2022	Emergency	**120710**
		OPD	**361384**
		IPD	**11201**
		Total Surgeries	**5691**
		Total Deliveries	**4400**

b. Financial Progress

S. No	Financial Year	Details	
1.	2021-22	Allocated Budget	306 Million
		Percentage of budget utilized	306 Million
2.	2022-23	Allocated Budget	306 Million

5. Achievements

- Provision of free of cost Medical facilities (investigations, procedures, consultation & treatment) to the rural catchment area of Islamabad.
- Provision of more than 150 items of medicine and drugs in pharmacy stores free of cost
- Improvement in security measures by installing CCTV cameras, creation of additional posts of Security Guards etc.
- Out sourcing of security services.
- Up gradation of conventional dark room system for x-rays to modern Computerized Radiography (CR) System.
- Declaration of this hospital as center for Polio Vaccination for International Travelers
- Installation of 50 kg incinerator to dispose of infectious waste with joint collaboration of TB Control Program.
- Construction of purpose built OPD building.

CHALLENGES

- Budget deficit to meet the regular expenses.
- Power breakdown, frequent and sometimes prolonged that is why dual source of electricity is required for uninterrupted electric supply.
- Acute shortage of staff in Emergency, Obs & Gynae and Anesthesia Department.
- There is no residential accommodation colony for the hospital staff.
- The hospital has insufficient space for expansion and for opening of new departments.
- Acquisition of 52 Kanals of land in between the hospital and Park Road is required for establishment of state of the art accident emergency and new departments.

FUTURE PLAN

- Upgradation / conversion of this hospital into Rural Model Hospital.
- Establishment of state of the art Mother & Child Center (MCH)
- Advancement of Radiological Service with addition of CT Scan & MRI system.
- Upgradation of Accident & Emergency Department and Establishment of state of the art Trauma Center.
- Creation of new departments such as Urology, Dermatology, Dentistry, Psychiatry and Library etc.
- Starting of House Job Training in Federal General Hospital.
- Establishment of purpose build Operation Theater.

Chapter-6 **FEDERAL GOVT. TUBERCULOSIS CENTRE, ASGHAR MALL RAWALPINDI.** 35

(Under M/o National Health Services, Regulations & Coordination)

Subject: - **PREPERATION AND CIRCULATION OF THE YEAR BOOK 2021-22 IN PURSUANCE OF RULE 25 OF THE RULES OF BUSINESS 1973.**

a) **Brief Background / Introduction**

FG TB Centre is a Specialized Health Care Centre providing, diagnosing & treatment facilities to the TB & other Chest diseases patients free of costs. It was established before partition. In 1962 the Federal Ministry of Health took over its control and later on after 18th Constitutional Amendment in 2011, Ministry of Health devolved and consequently FG TB Centre was kept under the direct administrative control of the Cabinet Division, Ibd and in March, 2019 this Centre is transferred to M/o National Health Services, Regulations & Coordination, Islamabad.

This Centre is headed by the Medical Superintendent (Dr. Imtiaz Ali Memon) who is working on deputation basis w.e.f. 10-08-2022 for the period of 03 years, its total strength is 99 – including Medical officers, para-medical, technical & supporting staff.

b) **Vision / objectives**

Tuberculosis (TB) is an old disease but are which health workers all over the world are finding hard to control. The World Health Organization (WHO) has declared Tuberculosis (TB) as a global emergency. Pakistan like other many countries is working to improve the way TB is controlled.

Pakistan ranks 5th amongst the countries with highest disease burden and contribute 43% of disease burden in the Eastern region. There are around 250,000 new TB Cases in Pakistan each year. The detection of patients with TB in Pakistan is low and treatment outcomes for patients are also poor. For example, amongst the registered patients, compliance is alarmingly poor with only an estimated 30% of patients completing treatment. As a result, many TB patients dies because there are either not detected, detected late, inappropriately treated OR failed to complete treatment.

c) **Functions**

i. Diagnosis & treatment of TB patients.
ii. To conduct field TB Surveys all over the country with the collaboration of WHO.
iii. To impart trainings to in-service doctors, paramedics & Lab. Personnels.
ii. The Medical Superintendent FG TB Center, Rawalpindi has also assigned the duty of countersign Medical Re-imbursement bills of Federal Govt. employees who have taken treatment from Rawalpindi Hospitals.

FG TB Centre is exclusively an OPD (Out Patient Department) on an average 450-500 patients visit daily and are getting their treatment (Anti TB & Symptomatic Drugs) along with the multiple Laboratory investigations free of costs. This Centre is having latest version of X-Ray machine & well equipped Lab. Services and small emergency for serious patients to get First Aid.

The catchment area of the Centre is Districts Rawalpindi/Islamabad, Jhelum, Chakwal, Thalagang, Attock, Mianwali, A.J.K, GB & few districts of KPK.

14/12/2022.

The Centre plays a pivotal role in the control of Tuberculosis in the country. It also works in collaboration with National TB Control Program by providing different facilities like Lab. Services, Statistics and control of MDR cases etc. This Centre provides research facilities to: -

1. Doctors from different Hospitals Federal, Provincials and even private Hospitals.
2. Students from different medical Colleges / Universities visit this Centre as part of their studies.
3. Provides training to Nurses and other paramedical staff in the field of TB.
4. This Centre provides research facilities to Students from different Universities like NUST, ARID, HSA other in the related fields.
5. This Centre is also providing Internship under "Prime Minister Youth Training Scheme (PYMYTS)".

d) **Staffing position (sanctioned posts by grade, filled, vacant).**

Sr. No.	BPS	Description	Number of Posts		
			Total	Filled in	Vacant
1.	18	Medical Superintendent	01	01	-
2.	17	Medical Officer	06	04	02
3.	17	Statistical Officer	01	01	-
4.	17	Principal Technician	02	-	02
5.	16	Administrative Officer	01	-	01
6.	16	Asst. Health Education Officer	01	-	01
7.	16	Staff Nurse	01	01	-
8.	16	Chief Technician	03	-	03
9.	14	Office Superintendent	01	01	-
10.	14	Steno Typist	01	01	-
11.	14	Senior Technician	03	02	01
12.	12	Technician	04	04	-
13.	11	UDC	02	02	-
14.	09	Junior Technician	13	10	03
15.	09	Cashier	01	01	-
16.	09	LDC	12	12	-
17.	07	Store Keeper	01	01	-
18.	06	Dispenser	01	01	-
19.	06	BCG Technician	02	02	-
20.	05	Lab. Assistant	02	02	-
21.	05	Tracer	01	01	-
22.	05	Home Visitor	07	07	-
23.	04	Driver	07	07	-
24.	04	Nursing Attendant	02	01	01
25.	03	Aya	03	03	-
26.	02	Record Sorter	02	02	-
27.	01	Naib Qasid	08	08	-
28.	01	Chowkidar	05	05	-
29.	01	Sanitary Worker	05	05	-
		Total	**99**	**83**	**16**

e) **Results achieved during July 2021 to June 2022 (preferably quantitative results) against the output targets set out and the extent to which they have been realised.**

14/12/2024

OPD REPORT FOR THE PERIOD FROM (01.07.2021 TO 30.06-2022) IS SHOWN AS UNDER: -

Total OPD patients registered in Registration department	Sputum smear Positive	Sputum Smear Negative	Extra Pulmonary	Total detected patients Col.2,3,4.
1	2	3	4	5
72013	1084	450	379	1913

STATISTICS OF RADIOLOGY.

X-RAY REPORT FOR THE PERIOD FROM 01-07-2021 TO 30-06-2022
IN RESPECT OF FG TB CENTRE, RAWALPINDI.

SR.#	CHEST X-RAY	NO. OF X-RAY DONE
01.	-do-	28,761

STATISTICS OF LABORATORY.

FOR THE PERIOD FROM 01-07-2021 TO 30-06-2022
IN RESPECT OF FG TB CENTRE, RAWALPINDI.

Total patients tested for TB	Suspects (New case)	Follow up cases of TB	Total Negative Results	Total Positive Results	Total Smears tested for TB
10,271	9,290	981	8,468	822	17,820

STATISTICS OF GENE EXPERT FOR TUBERCULOSIS.

FOR THE PERIOD FROM 01-07-2021 TO 30-06-2022
IN RESPECT OF FG TB CENTRE, RAWALPIND

SR.#	GENE EXPERT TEST	NO. OF TEST DONE
01.	-do-	2,990

STATISTICS OF BLOOD INVESTIGATIONS.

FOR THE PERIOD FROM 01-07-2021 TO 30-06-2022
IN RESPECT OF FG TB CENTRE, RAWALPIND

SR.#	NAME OF BLOOD INVESTIGATION	NO. OF TEST DONE
01.	Blood CP	1757
02.	E.S.R.	2157
03.	L.F.T's	255
04.	R.F.T's	233
05.	Lipid Profile	79
06.	B.S.R	1250
07.	Typhidot	44
08.	Anti HCV / Hbs Ag	45

14/12/2022.

EMERGENCY SERVICES

(02 BEDDED EMERGENCY FOR FIRST AID ONLY)

FOR THE PERIOD FROM 01-07-2021 TO 30-06-2022
IN RESPECT OF FG TB CENTRE, RAWALPINDI.

SR.#	TOTAL NUMBER OF PATIENTS	NATURE OF TREATMENT	REMARKS
01.	276	First Aid.	Emergency management, ECG & Nebulization. Vital signs, Im or Iv injectable medicines & Minor injuries.

BUDGET GRANT FOR FINANCIAL YEAR 2021-22 IN RESPECT OF FG TB CENTRE, RAWALPINDI.

(M/O NHSR&C, Islamabad).

2021-22	AMOUNT IN RUPEES
TOTAL BUDGET	RS. 109.325 Millions

f) **Key activities carried out during 2021-22.**

- During 2019-20 this Centre started the Ration program to poor & needy TB patients for their welfare on monthly basis through Welfare Office in FG TB Centre, Rawalpindi which is still continue during 2021-22.
- The Emergency Section, Laboratory, Radiology and Pharmacy of this Centre has also been computerized, further up-graded and well equipped according to ultramodern.
- Since February, 2020 the pandemic Covid-19 is spread in all over the World as well as in our country Pakistan. During this critical situation large number of patients daily visited this Centre who were affected from Flu, Fever, Chest pain, breathing problem, cough & sneezing. These patients were properly checked and given proper treatment to the patient of Covid-19.
- This Centre installed the Disinfectant Walk through Gate for the safety of patients as well as for the employees of this Centre.
- FG TB Centre, Rawalpindi is providing complete safety kits to our employees for their safety and also providing Face Masks, Disposable Gloves and Hand Sanitizer to our patients for their safety from Covid-19 from their own budget. No extra budget was given to the Centre for Covid-19.

g) **Key performance indicators and linkages with budget allocated to reflect performance.**

Key performance indicators	Budget allocated 2021-22
95,000	Rs.109.325 Million

14/12/2022.

h) **Way forward / Future Plans and Goals.**

SR.#	NAME OF MACHINE	ESTIMATED COST (IN RUPEES)
1.	C.T Scan Machine	10 Million
2.	Ultra sound Machine	1.0 to 1.5 Million
3.	Biological Safety Cabinet	3.5 Million
4.	Incinerator	6.0 Million

i) **The relevant statistics be properly tabulated etc.**

The relevant statistics has been properly tabulated.

Chapter - 7

ANNUAL REPORT

OF

SHAIKH ZAYED POSTGRADUATE MEDICAL INSTITUTE,

LAHORE, 54600 PAKISTAN



JULY 2021 – JUNE 2022

ANNUAL REPORT OF

SHAIKH ZAYED POSTGRADUATE MEDICAL INSTITUTE, LAHORE

2021-2022



COMPILED BY:

Prof. Sibgha Zulfiqar
Chairman & Dean

Dr. Akbar Hussain
Administrator / Executive Director

SHAIKH ZAYED HOSPITAL
FEDERAL POSTGRADUATE MEDICAL INSTITUTE
SHAIKHA FATIMA INSTITUTE OF NURSING & HEALTH SCIENCES
SHAIKH KHALIFA BIN ZAYED AL-NAHYAN MEDICAL & DENTAL COLLEGE
NATIONAL INSTITUTE OF KIDNEY DISEASES (WWF BLOCK)
NATIONAL HEALTH RESEARCH COMPLEX

SUMMARY

Following is the summary of main achievements and progress made during this financial year 2021-2022.

Shaikh Zayed Postgraduate Medical Institue (SZPGMI) commissioned on 8th September 1986, built by a generous grant of Rs. 300 million by His Highness Ruler of Abu Dhabi and President of the UAE, Shaikh Zayed Bin Sultan Al-Nahayan 56 acres of beautiful land given by the Government of Pakistan, became nucleus of medical excellence over the year.

Shaikh Zayed Postgraduate Medical Institue (SZPGMI) is an autonomous body in terms Ministry of Health, Special Education & Social Welfare Resolution dated 29th May, 1986, under the administrative control of Ministry of National Health Services, Regulations & Coordination, Government of Pakistan, Islamabad. It has five components, Federal Postgraduate Medical Institute, Shaikh Zayed Hospital, National Health Research Complex, Shaikh Fatima Institute of Nursing and Health Sciences and Shaikh Khalifa Bin Zayed Al-Nahyan Medical and Dental College. This report deals with the period from 1st July 2021 to 30th June 2022.

SHAIKH ZAYED HOSPITAL

Sr.No	Hospital Data	2020-21	2021-22
1.	Admissions	59280	67519
2.	OPD	262224	326696
3.	Accident & Emergency Deptt.	121087	169285
4.	Operations	8833	10946

FEDERAL POSTGRADUATE MEDICAL INSTITUTE

Federal Shaikh Zayed Postgraduate Medical Institute during this period has been fulfilling its activities/objectives with effect from 01-07-2021 to 30-06-2022

- Number of CPCs / Seminars / Workshops and Review Courses held in session 2021-22

Sr. No.	ACTIVITIES	NUMBERS
1	Clinicopathological Conferences	52
2	Symposia, Seminar	34
3	Workshops	
4	Intensive Review Courses	

- Number of students who were enrolled and passed

PRPGRAM	Enrolled postgraduate Residents in 2021-22							
	FCPS	MD	MS	M.PHIL.	PH.D	MCPS	DIPLOMA	SHO
	110	13	7	27	-	23	7	31
	PASSED PGRs IN 2021-2022							
Part-I	-	18	12	35	-	-	7	-
Part-II	20	1	8	8	-	3	-	-

- Currently working Postgraduate Residents
  FCPS/MS/MD/M.Phil/Ph.D/MCPS/SHO& Diplomas 553

SHAIKHA FATIMA INSTITUTE OF NURSING & HEALTH SCIENCES

Shaikha Fatima Institute of Nursing and Health Sciences (SFINHS) was established in 1994 as 4th component of Shaikh Zayed Postgraduate Medical Institute, Lahore to meet the increasing demand of Nurses, Medical Technologist (undergraduate & postgraduate) and other Paramedics from all over the country. Since the inception of the Institute, it has been fulfilling all its objectives. Performance of the Institute and our students

has been outstanding. Our students scored the top position in the Nursing Examination Board, whereas students of B.Sc. Medical Lab. Technology remain in the top positions of University Examinations.

The Institute is still striving for the excellence both in professional training and planning competence. We look forward to provide highly skilled nurses perfect in all respect that excel in every field within our country and abroad.

At present, the Institute is offering the following programs:

a) B.Sc. Medical Laboratory Technology (Hons) 04 years
b) B.Sc. Nursing (Hons) 04 years
c) General Nursing Course including Midwifery (phasing out from 2018) 04 years
d) Post RN 02 years degree program, since 2018
e) Paramedical courses as under.

i- Dispenser
ii- Medical Laboratory Technology
iii- Radiography & Imaging Technology
iv- Operation Theatre Technology
v- Hemodialysis Technician.
vi- Dental Technician
vii- Physiotherapy Technology
viii- Ophthalmic Technician.
ix- Anaesthesia Technician.
x- Assistant Cardiac Perfusionist
xi- ECG Technician.
xii- EEG Technician
xiii- Orthopaedics Technician.
xiv- Endoscopy Technician.

The performance of Nurses, B.Sc Medical Lab. Technologists and other paramedics after taking proper training under skilled qualified faculty always remained outstanding. It is also pertinent to mention here the School of Nursing is also upgraded into College of Nursing by the Government of the Punjab, Specialized Healthcare & Medical Education Department.

Achievements of the Institute is as under:-

A. **General Nursing/Midwifery, B.Sc. Nursing and Post RN.**

The comprehensive detail related to Nursing is enclosed herewith

B. **B.Sc. Medical Lab. Technology (04 years).**

Since the commissioning of the course of B.Sc. Medical Lab Technology was affiliated with University of the Punjab. From 2016, this program was affiliated with the University of Health Sciences. The Institute enrolled 30th batch for B.Sc. Medical Lab. Technology (04 Years Program) with the intake of 80 students. 303 students are under training, at present.

C. **Para Medical Courses.**

The comprehensive detail related to paramedical courses is also enclosed.

FACILITIES:-

1. There are 08 classrooms available for students of SFINHS. All classrooms are provided with multimedia, audio-visual equipment and white boards as well as with facility of Air Conditioners.
2. 04 equipped labs cater for all the Practical of B.Sc. MLT, B.Sc. Nursing and Paramedical Students. The lab contains relevant equipment to conduct practical's for all subjects.
3. The students rotate through the functional laboratories of Shaikh Zayed Hospital where they get hands on training in laboratory medicine. The hospital labs contain latest equipment to carry out most of tests required for patients.
4. Our labs are equipped with Microscopes with T.V attachments.
5. There is a computer lab with internet facility.
6. There is a well-furnished computer lab with high speed internet connection (50MB) for the students of SFINHS.
7. Library facility is present.
8. There is a large Playground and Tennis court available. A sports coach is available on the premises. Every year annual sports week of students is held. All the students participate in different games and other extracurricular activities like Meem Bazar and Annual Function with keen interest. Shield, trophies and prizes are distributed among the winner students.
9. A well designed fountain is also displayed in student nursing hostel for the enjoyment and pleasant environment for the hostelized nursing students.
10. Hostel facility for the student nurses is also available with full furnished 52 rooms comprising of 2 floors as well as well cleaned kitchen, TV lounge, visiting room and prayer room.

FUTURE VISION/PLAN

The institute is planning to start M.Sc. Nursing in three specialties namely Administrative Skills and Ward Management, Teaching and Community medicines as well as to start Diploma Courses in Ward Administration, Teaching Administration, Community Health Nursing and Intensive Care Nursing.

The Institute is also planning to start M.Phil. in different disciplines of Medical Laboratory Sciences.

SHAIKH KHALIFA BIN ZAYED AL-NAHYAN MEDICAL AND DENTAL COLLEGE

Shaikh khalifa Bin Zayed Al-Nahyan Medical College (SKZMDC), Lahore was inaugurated by the Honourable Prime Minister of Pakistan Mr. Sayed Yousaf Raza Gilani on May 23rd 2009 in the premises of SZPGMI.The aim to provide competency-based, integrated, quality medical education in motivational and student-friendly environment focused on self-directed, problem solving, research-oriented learning based on sound scientific and ethical grounds.

Shaikh Khalifa Bin Zayed Al-Nahyan Medical & Dental College, Lahore (undergraduate Medical School) is one of the components of Shaikh Zayed Medical Complex, Lahore.

The college has PMC approved need based curriculum for the undergraduate medical students to further strengthen the basic foundation of medical education in Pakistan. It is affiliated with University of Health Sciences, Lahore. Official college magazine "Phoenix" is published annually. Scientific Journal "Proceedings" is published quarterly which is also recognized by Pakistan Medical & Dental Council, Islamabad. College is also publishing its newsletter.

The college is attached with Shaikh Zayed Hospital, which is a tertiary care facility under the administrative control of the Federal Government comprising of approximately 1031 beds. Super specialties i.e. state of the art, extensive medical surgical, diagnostic & emergency facilities are available in the hospital. The college is recognized by the Pakistan Medical & Dental Council, Islamabad and accredited by PHCC.

The college is gaining popularity due to exceptional result in Profesional Examinations day by day. Since 2013-2020, the college secured the fourth number in the merit list of UHS through the Punjab Province, which is a great achievement showing high standard of education in this institute.

Since 2021, the admitting body of Shaikh Khalifa Bin Zayed Al-Nahyan Medical & Dental College, Lahore is Shaheed Zulfiqar Ali Bhutto Medical University, Islamabad.

NATIONAL HEALTH RESEARCH COMPLEX

National Health Research Complex (NHRC) was established during 1985-1986 as a main centre, to honor the mandate given to the Pakistan Health Research Council.

NHRC was the lead organization for National Health Survey of Pakistan (1990-94) and has been the focus of research activities both nationally and internationally. It was designated as the centre for health service research for the country.

The centre has also established Institutional Review Board (IRB) of Shaikh Zayed Medical Complex and is coordinating with researchers for undertaking activities directed to the Bioethical issues in research and services.

The centre established "Health Research Promotion and Coordination Cell" to extend coordination and provide guidance to the Doctors / Research Scholars and students of FPGMI Shaikh Zayed Medical Complex Lahore and various other institutes in the field of medical research, research ethics, designing and development of research projects, statistical elements presented in the projects and other relating matters. It also conducts laboratory research and testing.

FINANCIAL REPORT

DuringFinancial year 2020-2021, Grant-in-aid was Rs. 2869.670 million, Reapp. Fund was Rs.1573.100 million and self generated income opening balance was RS.359.364 million and self generation was Rs.745.337 million. Total Expenditure (Booked) of the year 2020-2021 is Rs.5.233.914 million and outstanding liabilities is Rs.379.257 million.

HISTORY OF DEVELOPMENT

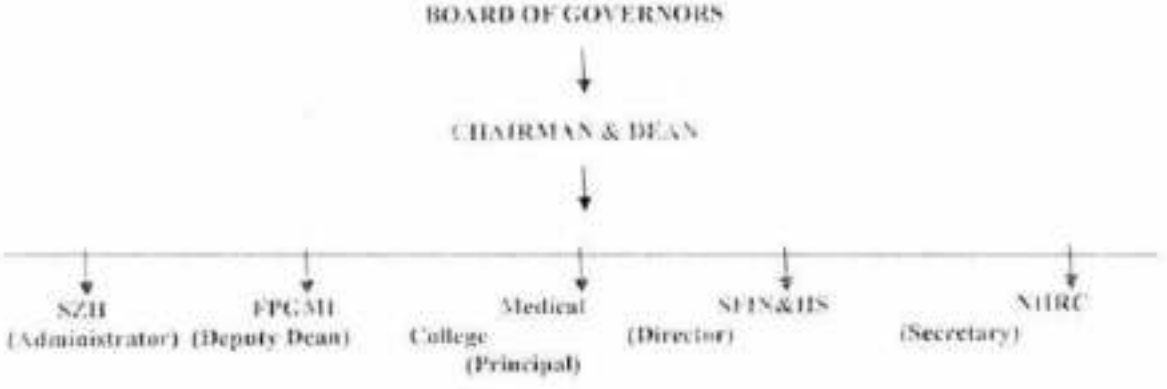
- Shaikh Zayed Hospital was first conceived in the early 70's. His Royal Highness Shaikh Zayed Bin Sultan Al-Nahyan, the President of the UAE very graciously agreed to bear the cost of its construction and equipment through Shaikh Zayed Al-Nahyan Trust.
- For this purpose a donation of Rs. 300 Million was made by His highness Shaikh Zayed Bin Sultan Al-Nahyan.
- 58 Acres of land was acquired by the Government of Pakistan and construction was started. The Government of Pakistan also contributed Rs. 130 million in the form of services. Major part of the construction was completed by 1977.
- Inauguration and handing over ceremony was held on 28th February, 1986. Chief Guest was His Highness Shaikh Zayed Bin Sultan Al-Nahyan.
- The hospital was commissioned on 8th September, 1986.
- Institute of Nursing & Health Sciences was added in 1994 as a pilot project and then stated as full-fledged Institute in year 2000 and has been a major national contribution in training nurses and paramedics.

- National Institute of Kidney Diseases project was approved by the previous Government in 1998. Funded by Workers Welfare Fund, total cost of the project was Rs. 720 millions with total bed strength of 250. It was commissioned on August, 2004 by the Prime Minister of the Islamic Republic of Pakistan.

PRESENT SETUP

Shaikh Zayed Postgraduate Medical Institute consists of five components i.e. Federal Postgraduate Medical Institute, Shaikh Zayed Hospital, Shaikha Fatima Institute of Nursing & Health Sciences, Shaikh Khalifa Bin Zayed Al-Nahyan Medical & Dental College and National Health Research Complex. These five components working together as one unit have provided impressive opportunity for research, training of medical and paramedical personnel and above all high standards of patient care.

ADMINISTRATIVE STRUCTURE



FINANCIAL STATEMENTS

(2021-2022)

			(Rs. in million)
I.	**Receipts**		
	A. Grant in Aid		
	i) Actual Grant	Rs.	2,877.870
	ii) Reapp. Funds	Rs.	1,669.844
	Total (A)	**Rs.**	**4,547.714**
	B. Self Generated Income		
	i) Opening Balance	Rs.	231.481
	ii) Self Generation	Rs.	545.101
	Total (B)	Rs.	776.582
	Total I (A+B)	**Rs.**	**5,324.296**
II.	**Expenditure** (Booked)	Rs.	5,413.453
	Outstanding Liabilities as on 30.06.2022	Rs.	275.574

HOSPITAL SERVICES

Shaikh Zayed Medical Complex, Lahore is among largest medical services providers in province of Punjab. These services include Liver / Renal Transplant which was introduced in Pakistan for the first time by this hospital. Following are the services that Shaikh Zayed Hospital provides to different kind of patients.

- Private Rooms (Al-Nehyan Wards)
- Surgical
- Orthopaedics
- E.N.T.
- Ophthalmology
- Neurosurgery
- Urology
- Cardiothoracic Surgery
- Paediatric Surgery
- Plastic Surgery
- I.C.U. (Intensive Care Unit)
- Liver Transplant
- Kidney / Renal Transplant
- Gynaecology / Obstracts
- C.C.U. (Coronary Care Unit)
- Cardiology
- Medicine
- Nephrology
- Gastroenterology
- Pulmonology
- Dermatology
- Neurology
- Paediatrics
- Neonatology
- Rheumatology
- Psychiatry
- Radiology
- Well equipped Operation Theatres
- Haemodialysis Unit
- Well equipped Laboratories
- Blood Bank
- Ambulances

- Supported by Electrical, Maintenance, Civil Departments with complete hierarchy and concerned technical and supervisory staff.
- Established oxygen storage facility with 12,000 M^3 Oxygen availability, 4-days reserve facility
- Biomedical Engineering Department with all tertiary care biomedical facilities
- 1.5 Tessla MRI
- 64-slicer C.T. Scan and 4-slicer C.T. Scan
- 2 angiography Machines (Interventional Radiology facilities available)
- 2 Lithotripsy machines
- 52 Dialysis Machines
- 23 Anaesthesia Machines
- Both fixed and portable x-ray
- 41 ventilators (Adult + Paediatrics)

Chapter - 8

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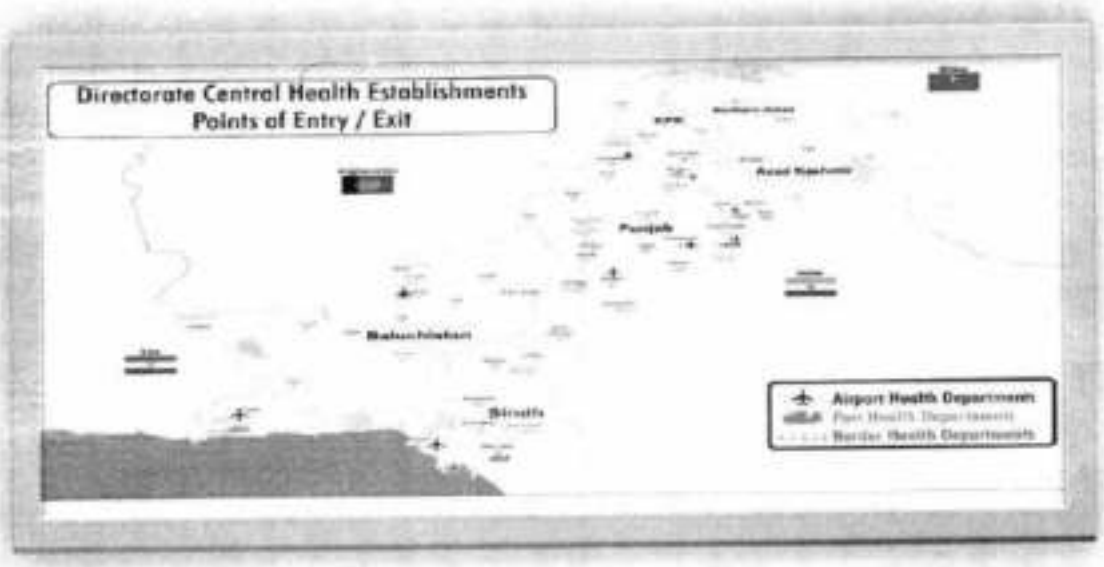
YEAR BOOK 2021-22



Directorate of Central Health Establishments
Ministry of National Health Services, Regulations & Coordination
Islamabad

Prepared by:

Dr.Syed Ghulam Murtaza Shah.
DIRECTOR
DIRECTORATE OF CENTRAL HEALTH ESTABLISHMENTS,
Karachi.

VISION

"Pakistan stands in the Global community as a Country, safe and free from cross-border transmission of communicable diseases and health hazards"

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10. GALLERY 12

1. INTRODUCTION

Directorate of Central Health Establishments (DoCHE) is the attached department of Ministry of National Health Services, Regulations and Coordination, Government of Pakistan. Its Head Quarter (HQ) is situated in Karachi which controls 44 Health Establishments spread all over Pakistan and include 8 Internationals Airports, 3 Seaports and 7 Ground Crossings. Beside these Points of Entries & Exit (POE's), 24 dispensaries, 4 medical centers (Civil Surgeons' offices), Conservancy Establishment office and one UNICEF store are working under DoCHE. A fully equipped and staffed Quarantine Hospital is constructed as an integral part of the Airport Health Establishment at Karachi, whereas, for other PoEs dedicated space has been acquired at the local hospitals for Quarantine purposes as temporary arrangements.

Cross-border health threats represent a substantial challenge to both developed and underdeveloped countries. Points of entry are a key area for the effective application of health measures to prevent the international spread of diseases

2. BACKGROUND

The two departments of Directorate of Central Health Establishments i.e. Airport Health Establishment, and Seaport Health Establishments in Karachi were operational even before the Independence of Pakistan. In 1961, Directorate General Health bifurcated into (i) Ministry of Health and (ii) Directorate of Central Health Establishments (DoCHE's) which remained working in Karachi though Ministry of Health was shifted to Islamabad which declared Capital of Pakistan at that time. All the administrative work related to hospitals and dispensaries amalgamated to DoCHE. From the date of its inception, several prestigious health institutions like Federal Government Services Hospital, Central Government Hospital Rwl), Malaria &TB Control Programs, Central Drug Lab (Karachi) and all International Points of Entry and Exit (PoE's) were under one roof. From 1962 to 1999, most of these medical institutions were shifted to Ministry of Health and their respective provinces except Central Government Dispensaries, UNICEF store, Conservancy Establishment and International PoE's which remained under administrative and financial control of DoCHE.

3. ROLE AND RESPONSIBILITIES

The Department is responsible to control the international spread of diseases as per International Health Regulations 2005 (IHR-05) and to provide medical facilities to the Federal Government Employees (FGE's) and their families in addition to International passengers and pilgrims travelling across different PoE's of the country. The Government of Pakistan is signatory to the IHR-05 which aim "to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade". In this context, Ministry of NHSR&C is the Executing Body whereas, the DoCHE along with its Subordinate Offices/ Health Establishments at the PoE's, is the Implementing Body.

4. AIMS & OBJECTIVES

- To ensure implementation of IHR-05 at POE's across the country.
- Provision of medical health care facilities to FGE's and their families in addition to international passengers and pilgrims.
- To screen out CSS and other candidates on their first entry in to F.G. Service for any health problem/communicable disease and invalidation from service on medical grounds.

5. FUNCTIONS

DoCHE is the unique Federal Department which is rendering both Preventive and Clinical services all over the Pakistan through its Health Establishments. Its functions are summarized be as under:

5. a. FUNCTION OF DoCHE, HQ

- Financial and administrative control of its subordinate offices
- Purchase of drugs, vaccines and diagnostics etc.
- Arranging Central Medical Boards (CMB) at 05 centers at Islamabad, Karachi, Lahore, Peshawar and Quetta.
- Vaccinations and medical services provision

5. b. FUNCTIONS OF PoEs

- Screening of international passengers at arrival to Pakistan for any communicable disease
- Vaccination (Polio, Yellow Fever, Meningitis)
- Checking of Vaccination status of passengers
- Pre & Post Haj Operations
- Quarantine Facilities
- Sanitation/Vector Control Programs/Solid Waste Management
- Food Safety & Security
- Ship Sanitation/ Exemption Certification
- Medical Examination of Seamen
- Bill of Health at ports
- Surveillance
- Contingency Plans
- SOPs
- Medical Fitness of Travelers
- Medical cover (passengers ,staff, FGE, hajis, VVIPs)
- Lab/medicines/Diagnostics

5. c. FUNCTIONS OF CIVIL SURGEONS

- Medical and lab services to FGE's &their families
- Medical examination at First entry to F.G.
- Annual medical examination of FGE's
- Pension/Commutation cases of FGE's
- Invalidation cases
- Central Medical Board for CSS/other candidates
- Medical reimbursements
- Medical Leaves
- Labs and Diagnostics
- Vaccination i.e. Yellow Fever, EPI(collaborated) and Polio
- Examination of food handlers in the vicinity
- Annual Medical Examination of FGEs

5. d. OTHER FUCTIONS

CONSERVANCY ESTB

- Keep hygienic conditions of FG colonies intact (KHI)
- Solid Waste Management
- Fumigation
- Vaccination
- Health Inspection
- *UNICEF STORE*
- Polio consignments
- Other donation goods especially during natural calamities

6. ACHIEVEMENTS / MILESTONES:

- As a part of collaboration on priority POE activities and Enhancing knowledge and skills of staff working at PoEs on IHR core capacities for enhancing multi-sectorial coordination and capacity development and Reinforcing efforts for developing IHR core capacities at the PoEs. Capacity building session(**July 2021-January 2022**) for the human resource (health and non-health) working at all the ground crossing due to rapidly evolving situation of Pandemic globally and nationally for strengthening of core capacities of POEs. As the land-crossings-the entry point from Afghanistan had grave disease conditions increasing the need of screening, testing and surveillance manifolds at these border crossing. These sessions imparted

- **May 2021**, Pakistan experienced third aggressive Covid-19 pandemic wave in March 2021.In lieu of the increased cases and variants of concerns escaping immunity, Pakistan implemented a revised inbound passenger policy to filter the importation of virus an essential part of national disease surveillance strategy which not only increased Disease mapping but also helped identification and prevention of new virus variants via RAT testing with CHE being the

main stakeholder in the testing/screening operations. Data-driven timely decision-making based on accurate data has been key to success for Pakistan Covid control policy. Inbound Travel policy implementation is part of the disease mitigation strategy as a core tenant. To date the revised SOPs from time to time has been implemented successfully with the filtration of imported Covid cases with 623 flights have been screened with 99,957 passengers tested via rapid antigen kits. 251 have tested positive with a percentage positivity of 0.3% and shifted to state maintained or self-paid quarantine facilities as Per SOPS.

- In the context of the evolving situation amid Covid pandemic, the need of capacity building and skill development at POEs has increased many folds. Mid-Year Covid-19 evaluation highlighted various areas, one of which was the need of an online training module as a standard curriculum for the Master trainers/subject specialist working at respective POES. Online training module covering 16 important aspects were identified through several collaborative meeting with piloting of the three important modules in a two day session in last week of September.2021including, Core capacities and designated PoEs, key public health risks, Public health event management at PoE and vector surveillance and control.

- POE assessment to access the limited capacity of the country vis-à-vis routine screening capacities at the PoEs, with emphasis on Strengthening and up scaling manpower with continuous training, Arrangements of quarantine facilities with diagnostic equipment, Referral linkages, and transport facilities for better functionality and identification of gaps and grey areas like understaffing-human resource, Lack of proper infrastructure. Need for risk assessment approach with way forward was done in September 2021 for 12 POEs.

- 17th extraordinary session of OIC council of the foreign ministers was held in **December 2021,** and CHE team at Islamabad Airport welcomed the distinguished guests with screening and implemented

- The Covid-19 Pandemic has significantly highlighted the importance of points of entry, global health security and International health regulation 2005 core capacities building and strengthening across POES. The need for comprehensive training on the standardized assessment tool for Core Capacities was consistently highlighted during previous and recent assessment conducted during the COVID-19 response. DOCHE technical team has worked dedicatedly for the capacity building training package for trainers on unified assessment tool under IHR requirement. The Directorate of Central Health Establishments (CHE) conducted two days session on Points of Entry Competency Building Using Assessment Tool for Core Capacities Requirements & Conducting Risk Assessment and post workshop discussion on implementation of updated risk & IHR assessment tools on **1st and 2nd March 2022.**

- CBC-establishment of Technical working group (TWG) for cross border collaboration between Afghanistan and Pakistan to address strategic and technical issues regarding control of infectious disease spread across the border. The formation of the Technical Working Group (TWG) aims to devise mechanisms for enhancing joint information exchange and response, harmonizing efforts/resources for the common detection, prevention, preparedness and response capacities regarding identified public health threats of mutual concern in the light of Covid-19 pandemic

- Road to Makkah Project was initiated and implemented in June 2022 at Islamabad International Airport with departure of 46 flights carrying 15,062 passengers to Saudi Arabia.
- Hajj 2022 took place after 2.5 years of inception of Covid pandemic. The 5 international airports as PODs for Hajj departures screened 40,345 passengers under strict health protocols.

7. Visibility of POE function-An year at Glance

Table 1: Screening data

S.no	Parameters	ICT	Punjab	Sindh	Baluchistan	KPK	Total
1	Number of Travelers Screened	1482952	772937	1084037	339998	1578216	5258140
2	Number of Pilgrims Screened	15062	5740	0	0	2849	23651
3	Number of Traveler Quarantined	478	130	1062	6	272	1948
4	Number of Patients visits	554	14812	13284	0	24571	53221
5	Passenger Fitness Certificate	83	873	137	0	24	1117
6	Number of Food Inspections	2	106	1	0	0	109
7	Number of Aircraft Inspection	0	4	0	0	124	128
8	Polio Vaccination	22409	124357	6823	1979212	9032	2141833
9	Yellow Fever Vaccination	570	1230	1160	0	11	2971
10	Death certificate	1	0	3	0	0	4

Table 2: Medical Centers Data							
S.no	Parameters	M.C.F.G.S PESHAWAR	M.C.F.G.S QUETTA	M.C.F.G.S LAHORE	M.C.F.G.S KARACHI	CMB ISLAMABAD	Total
1	Case of First appointment dealt Non Gazzeted	407	0	1033	896	0	2336
2	Case of First appointment dealt Gazzeted	43	0	145	252	2287	2727
3	Invalidation (Medical Board)	90	0	64	136	260	550
4	Number of Annual Medical Fitness issued	310	0	770	202	0	1282
5	Number of Medical Leave Cases	211	0	0	139	1	351
6	Number of Patients treated	0	10264	18546	0	0	28810
7	Number of Fed. Govt employees treated	0	29515	0	11042	0	40557
8	Number of Medical Reimbursement claims	0	1684	6294	6608	0	14586
9	Yellow Fever Vaccination	0	0	1700	0	0	1700
10	Urine Test	0	0	2429	0	0	2429
11	Blood Test (CBC, Sugar and LFTs	0	0	2962	0	0	2962

8. ISSUES AND CONSTRAINTS

- Stagnation
  - No career structure for medical graduate
  - Organizational hierarchy
  - Administrative posts
- Manpower – scarce , uneven & unskillful
- Obsolete PAC/PH Rules VS IHR 05
- Public health threats / emerging and remerging infectious disease.

9. WAY FORWARD

Strengthening Existing Poe' & Establishment of New Poe's specially land borders

- **ON-GOING**
- Revamping Institution, Augment Pc1 process
- **PROJECTED**
- Up gradation The "Pak .Aircraft / Port Health 1974" IHR (2005)
- Digitalization of Poe's dashboards, TSMIS – 12 hourly daily reporting to NCOC.
- Automation and digitalization of essential vaccines of prophylaxis for international travelers as per IHR (Integration of yellow fever and polio vaccination in NIMS system)
- Branding of Airports as per RCCE strategy for better risk communication, health education, risk mitigation and community engagement.
- Continued HR Trainings on Public Health Emergency response in collaboration with donor partners.
- Development of critical POEs as model POEs with the help of donor partners.
- Development of digital dashboard with real time data reporting.
- Up gradation of 2 MNCH centers

10. TIMELINE


Public Health Emergency Response Land Borders (5)
Jun 2021
Sep2021
POE Module Launch WHO
Sep2021
CHE & CDC
OCT 2021
Public Health Emergency Response
DEC 2021
OIC screening
Mar 2022
Risk Assessment TOT
APR 2022
TWG
June2022
Road to Makkah Hajj POD 22
CONTINUOUS STRENTHENING

10. GALLERY











National Institute of Population Studies (NIPS)

National Institute of Population Studies (NIPS) is a leading research organization established by the Government of Pakistan in 1986 and currently it is a subordinate department of the Ministry of National Health Services, Regulations & Coordination (M/o NHSR&C). The Institute has been mandated to act as a technical arm of government for undertaking the high quality research and to produce reliable data/statisticson various indicators of health and population and development to government for monitoring and future planning. Its research findings have been widely used by different organizations ofpublic and private sectors and UN agencies for policy formulation, strategic planning and making reference in the spheres of demography, population & development and health.NIPS hasbeen undertaking research in the areas of population dynamics, reproductive health and family planning across the country including regions (Gilgit Baltistan-GB and Azad Jammu & Kashmir-AJK).One of its objectiveis to generate primary data through national level household surveys such as the Pakistan Maternal Mortality Survey (PMMS).NIPS reliable data has been used by renowned scholars andresearchers for their research work. So far, NIPS has published more than 130 publications addressing the core issues of population, reproductive health and health since its establishment.

Vision

NIPS vision is to become a world renowned research institute in areas of demography, health, population & development, provide base-line and projected population statistics to national and global policy makers, researchers, planners and program managers, to suggest optimal planning, in the wake of fast depleting resource.

Mission

NIPS mission is to undertake high quality research, collect statistically reliable data to be disseminated to a wide array of internal and external stakeholders, policy-makers, programme managers and researchers in the field of demography, health, and population& development sectors.

Objectives

- To conduct high quality research, surveys and evaluations in the field of demography, population & development and health.
- To disseminate the research findings to the policy / decision makers for policy formulation, strategic planning and improving the quality of services delivery components/system across the country and regions.

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- To provide technical assistance to the M/o NHSR&C, other governmental and non-governmental organizations by providing robust data / statistics in the field of demography, population & development and health sectors.
- Capacity building and training for concurrent human resource development professional development of NIPS personnel.

I. NIPS Activities during Year 2021-2022

i. Annual Work Plan (AWP) between NIPS–UNFPA 2021 and 2022

NIPS has been collaborating with UNFPA for undertaking its research and human resource development activities with a mutual agreed Annual Work Plan (AWP) 2021& 2022. Under this arrangement, NIPS has conducted a panel study phase-II and disseminated the findings. Hold Dissemination Seminars of "Pakistan Maternal Mortality Survey PMMS 2019" at regional level. NIPS website has been redesigned and dashboard/Web portal has also been developed to handle the mega data sets. Trainings and population projectionsare done under the AWP 2021. Panel Study Phase-III is in progress under AWP 2022.

ii. Longitudinal Panel Study in Punjab, Phase-II(2021) Using Performance Monitoring for Action (PMA) Framework

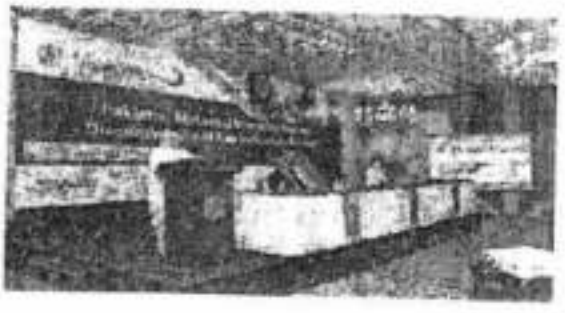
The Longitudinal Panel Study initiated by the National Institute of Population Studies (NIPS), Islamabad is the first of its kind to capture the state and dynamics of important family planning indicators. The panel study is designed for a longer period to track various programmatic aspects and interventions. The design has the quality to accommodate additional areas of interest and other provinces/regions of Pakistan. The first phase conducted in 2020 focuses on Punjab and establishes a baseline on key areas of family planning, nutrition and current pandemic of Coronavirus. The Study is unique as it not only focuses on women and families but also captures information of service delivery from nearest service delivery points, and also on quality of service through client exit interviews. The baseline results will be compared with results to be gathered in the future (at least once a year). The Study results will be an important information for key program managers and other stakeholders working in Punjab as it will provide important findings guiding them in evolving corrective action. The report of Phase-IIhas been compiled, and results are disseminated in a Seminar/Webinar in the Punjab Secretary Office, Lahore. Report is ready for printing.






iii. Regional Dissemination of Pakistan Maternal Mortality Survey (PMMS) 2019 Findings

The PMMS regional dissemination seminars were held in 2021 in Lahore, Karachi, Peshawar, Gilgit and Muzaffarabad under AWP 2021.The PMMS is the first exclusive survey in Pakistan with a nationally representative household sample carried out to collect comprehensive information on maternal health issues, maternal mortality, and specific causes of death among women in the country in accordance with international survey design, listing, fieldwork, and data processing and analysis standards. The survey also gathered information on health care women received before, during, and following pregnancy and their utilization of maternal health services. The information collected is intended to help policymakers and programme managers to evaluate and design health policies, programmes, and strategies for improving maternal health in Pakistan. The availability of the PMMS data opens avenues for in-depth studies to understand the dynamics of MMR reductions in areas of high prevalence. The final report & data-set is available on the web-portal of NIPS and DHS world-wide for further reference, reading or in-depth analysis.

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iv. Regional Policy Briefs on Pakistan Maternal Mortality Survey 2019

The regional policy briefs on Maternal Mortality in Pakistan has been successfully completed and disseminated in 2021. The briefs provide opportunity to evaluate the provinces' progress in this area, while the data from the PMMS provide useful insights into the current situation and how best provinces can prepare its health systems to serve the needs of its mothers and children. Briefs also make some evidence-based recommendations to improve the health status of Pakistani women.

The financial assistance was provided by UNFPA under AWP 2021.These briefs will be helpful for the policymakers, ministries, donors, and other stakeholders in formulating of policies / plans about the population planning, health, and nutrition programs with latest & authentic research-based information.







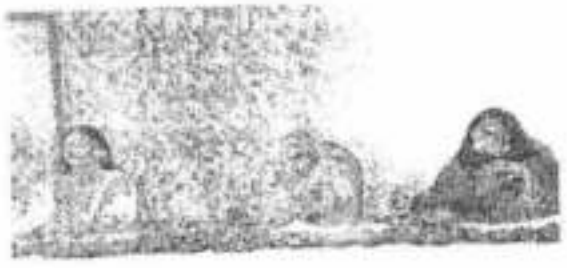


Web portal upgradation for PDHS and PMMS to disseminate data

Consulting firm was hired in 2020 to re-design and up-date of NIPS website according to need. NIPS Website has been redesigned and Data Dashboard developed to upload Pakistan Demographic Health Survey, Pakistan Maternal Mortality Survey and other surveys data on NIPS Web Portal that will allow users to build custom tables, charts, info graphs and maps from indicators using data sets of all surveys. This data will provide ready reference to policy makers, programme managers, academia and other line departments. This project will be completed in 2022.

v. End Line Survey: Increasing Access of Family Planning Services to the BISP Beneficiaries through Innovative Model for Service Delivery in Rahim Yar Khan

The Population Council, has implemented an innovative pilot voucher scheme to improve access to Family Planning services for the poorest women in partnership with the Benazir Income Support Program (BISP) and Punjab Population Innovation Fund (PPIF) Survey at household level of BISP beneficiary women of ages 18-45 who are currently married. In this regard for Population council, NIPS has conducted baseline survey in Tehsil Khanpur in 2019 and Endline survey2021 with 1,600 women, selected from all the Union Councils (UCs) based on the population of respective UC.Survey of 270 health service providers providing at least one FP method: Public and private sector service providersproviding at least one FP method and 150 client exit interviews are obtained to see the improvement in the key indicators related to unmet need of family planning after interventions. The training of field staff was held in July 2021 and data collection was completed in 35 days. The compiled data setwas submitted to Population council in September 2021 for analysis.





vi. Training on Office Procedures and Protocol

A four days specific training on Office Procedures and Protocol is conducted from 10-13 August, 2021 in NIPS for the capacity building of NIPS staff with the objective of capacity building, knowledge capture, and sharing.





vii. Population Projections Training and Official Projections under UNFPA AWP-2021

The projections training was held from 24-31 August 2021 for NIPS research staff and staff of concerned departments. After completion of population projection training, NIPS did the official population projections (up-to the year 2050 for Pakistan on the basis of Pakistan Population Census -2017. The projection exercise is require updated population projection on the basis of some key indicators. The population projected data are shared with concerned ministries, departments and other organizations on their request for planning purposes.

viii. Collaboration with Aga Khan University to conduct Evaluation of EhsaasNashonuma Program (ENP)

NIPS conducted the survey with the financial assistance of Aga Khan University to evaluate the ENP in 2021. Key objectives of the survey were to assess the effectiveness of the maternal component of the ENP to improve birth outcomes and maternal and infant nutritional status and child growth outcomes between 0-12 months of age. To undertake implementation research to identify barriers and facilitators of effective program implementation, quality of service delivery, and optimal utilization of the services by targeted beneficiaries; and to help interpret impact results. Generate evidence on implementation strategies that support high coverage of and adherence to maternal (pregnancy and lactation)

BEP supplementation (implementation research) focused on cost-effectiveness, quality coverage and reduction of inequities. NIPS handed over the data set to Aga Khan University.






ix. In-depth analysis ofPMMS Verbal Autopsy data in collaboration with Population Council

This study proposes to undertake an in-depth analysis of PMMS 2019 data to identify the key biological and socioeconomic risk factors contributing to high levels of maternal mortality in Pakistan. The analysis will be predicated by examining the change in maternal mortality between 2007 and 2019in the relevance of demographic characteristics and key risk factors contributing to maternal mortality across these years. The analysis will include variation across provinces and urban rural variation.The role of the three delays will also be examined. First meeting has been done in July 2021 to set the modalities. The analysis has been completed and results will be disseminated in October 2022.

x. Longitudinal Panel Study in Punjab, Phase-III (2022) Using Performance Monitoring for Action (PMA) Framework

Under UNFPA-AWP 2020, NIPShas conducted the eight days training of field staff on 18th August 2022. The field work of the third round is in progress in Punjab. The objective is to provide a regular stream of data to guide family planning and other health issues and generate representative subnational results on family planning and other health topics on an annual basis. High unmet need for contraception, high drop-out rate, existence of serious misperceptions regarding contraception, fears of side effects, poor quality of services and absence of follow-up are noted as barriers to Family Planning (FP) Programme and efforts are needed to address policy commitment for enhancing access to services, contraceptive

security, improving quality of services, and strengthening, the enabling environment to promote FP in Pakistan. The evidence-based findings of the Panel Study will be used by the Federal and Provincial Governments.

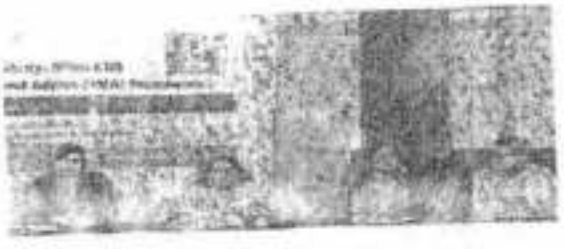
xi. Baseline Longitudinal Panel Study in Punjab (2022) Using Performance Monitoring for Action (PMA) Framework in Extension Areas

The purpose of the study is to capture the extent of family planning and health services provided and accessed by communities from public sector facilities. The target population is currently married women aged 15- 49 years. UNFPA is providing technical assistance under UNFPA AWP 2022, while NIPS is executing the survey. UNFPA has identified the facilities in 3 tehsils, Sadiqabad (Rahimyar Khan) Alipur (Muzafargarh), and Rawalpindi (Rawalpindi). NIPS has identified the clusters in their catchment areas. The total number of 1050 households will beeovered in 30 clusters. Clusters will be within 2-3 km. The fieldwork of this study is in progress and will be completed within 25 days.











II. Outlook for 2022-23

i. National Survey on Extend Patterns and Trends of Drug Use in Pakistan

Nips has been awarded this project. Letter of Assist (LOA) is signed. The objectives of the survey are the extent of drug use in the general population 15-64 years (to estimate prevalence by major drug groups and substances, and gender both at the national and provincial levels). The socio demographic characteristics of current drug users (gender, age, marital status, education and employment status etc.). Information on age of onset of drug use, frequency, and patterns of current drug use, as well as extent of poly drug use among people using drugs. The survey will provide baseline information on the prevalence, patterns

and trends in drug use. It will provide comparative picture to gauge the reduction in drug use (plant based and medical prescription of drugs) and improvement of health behaviors of population.

ii. Pakistan National Migration Survey

The 2017 census did not collect any information on migration. However, Pakistan Labour Force Survey (LFS) and Pakistan Living Standard Measurement Survey (PLSM), and Pakistan Demographic & Health Survey (PDHS) have collected information on migrants in the household and their reasons for migration.

To date no comprehensive national migration survey has been conducted in Pakistan. NIPS is in the process of planning to undertake acomprehensive multi-stage probability national migration survey. The estimated sample size will consist of about 50,000 households. Details of each household member, including their age, gender, marital status, relationship with the household head, level of education, employment status and industry and migrant status will be obtained. Households reporting presence of an adult (18 years or older) primary migrant and an adult secondary migrant will be interviewed seeking the following information:place of origin (within or outside district and rural or urban), year of migration to the present place (city or village), duration at present residence, employment status and occupation before migration whether suffered from any chronic disease before migration or at present, if yes type of disease. From households which report emigration of a member to overseas during the past ten years, information will be obtained about each emigrant including their age, gender, marital status, relationship with the household head, level of education, occupation, year of migration, country of present residence and if household is receiving any remittance from them the amount being remitted.

Under UNFPA Annual Work Plan (AWP-2022), the consultant has been hired to develop technical proposal and organize a meeting of migration experts for input.

iii. Global Adult Tobacco Survey (GATS)

NIPS has planned to conduct the in Pakistan. NIPS will implement the survey. Financial and technical assistance for the survey will be provided by the Center for Disease Control (CDC) / World Health Organization (WHO), which assists countries in the collection of data to monitor and evaluate health programs. The objectives are, to monitor adult tobacco use, (smoking and smokeless) and to determine key tobacco control indicators. To monitor the use of new and emerging tobacco products such as electronic cigarettes. To assess the

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implementation of WHO Framework Convention on Tobacco Control (WHO FCTC) recommended policies. The target Population includes all men and women aged 15 years and above.

The sample size includes 430 PSUs. Only 28 households will be selected from each PSU and there will be 12,049 HH in Pakistan including 5124 from Punjab, 3780 from Sindh, 1904 from KP and 1232 from Balochistan. The research tool has been prepared and translated into Urdu and sent to CDC and WHO for review.

iv. Study on Health Facilities

Proposal forwarded if approved the survey will be conducted in 2021-22. The objective is to provide a regular stream of data to guide health service centers and generate representative national results on family planning and other health topics poor quality of services. The findings of the study will be used by Line departments and other stake holders.

v. Knowledge, Attitude, and Practices (KAP) Survey, Promoting Rule of Law and Enhancing the Criminal Justice System in Khyber Pakhtunkhwa including Newly Merged Districts and Baluchistan)

The proposal has been submitted to UN Women. The major goal of this survey is to contribute in the processes involved in the programming of the project. The survey is expected to provide insights into the characteristics of the population and Conduct a baseline for prospective evaluation. The objectives of the survey are to track down characteristics of the population in the target districts, including but not limited to: economic status, participation, access to public services, trust and confidence in the authorities, etc. To collect systematic information on and analyze the population's 'level of awareness' around their legal rights, statutory laws, and formal and informal institutions of justice delivery (police, courts, jirgas, musalihati committees, etc.). Collect systematic information on and analyze the 'attitudes' of the population toward the institutions of justice delivery as mentioned above. To obtain systematic information on and analyze the different types of practices in place including those that relate to adherence to codes (customary, constitutional/ legal, sharia, etc.) for dispute settlement, the involvement of formal justice providers in informal dispute settlements, variety, and forms of Alternate Dispute Resolution (ADR) mechanisms and involvement (if any) of the formal/ informal system in illegal acts in relation to settlement of disputes (corruption e.g., bribe, extortions, and abuse of power). The Technical support will be provided from UN Women and UNDP and financial aid will be given by UN Women.

III. Way Forward:

The research findings provided by NIPS are frequently using by the renowned scholars, researchers, at federal, provincial/regional and sub-regional levels. The evidence-based results also utilized internationally and nationally to formulate their policies and plans. Since the 18th Amendmentin the Constitution of Pakistan, role and responsibilities of the ministries of health, population welfare and education have been shifted to provincial/regional administrative entities/departments, hence, the findings of the NIPS research and surveys will provide a base-line status and monitor the progress of various programmes.

In recognition of the high population of growth, honorable Chief Justice of Pakistan launched a Human Rights case of the alarming high population growth. The Supreme Court constituted a task force to formulate a mechanism to curb the population growth in the country. The taskforce prepared a set of recommendations, which were endorsed by the Supreme Court. Therefore, the government of Pakistan may strengthen the family planning programme (services) and current health structure & service care programmes at grass-root level in provinces and regional level with the help of research-based findings produced by NIPS,which will equally help in making effective policies in reducing population growth or regulating the fertility of the couples by adopting an effective family planning / reproductive health programmes.

Key Indicators	PDHS 1990-91	PFFPS 1996-97	PRHFPS 2000	SWRHFPS 2003	PDHS 2007	PDHS 2012-13	PDHS 18	2017-
Fertility								
[illegible]	5.36	5.36	4.77	4.4	3.3	3.8	[illegible]	
Women age 15-19 who are mothers or now pregnant (%)	-	-	-	-	9		8.1	
[illegible]		19.6	-	18.3	19.3		[illegible]	
Median age at first birth for women age 25-49 (years)	21.3	21.3	-	-	21.8		22.8	
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
Malaria								
[illegible]	-	-	-	-	-			
Children < 5 who slept under a mosquito net the night before the survey (%)	-	-	-	-	2		8	
Family Planning								
[illegible] contraception (currently married women 15-49) (%)	11.8	22.9	27.6	32.1	30	35.4	[illegible]	
Current use of any modern method of contraception (currently married women 15-29) (%)	9	16.9	20.2	25.2	22	26.1	[illegible]	
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		17	
Nutrition								
[illegible]	0.5	[illegible]	[illegible]	[illegible]	0.9		1.6	
Children 6-59 months who received Vitamin A supplement in 6 months before the survey (%)	-	-	-	-	80		75.2	
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	91		[illegible]	
Women who took iron tablets or syrup for at least 90 days (women with a child born in the 5 years before the survey) (%)	-	-	-	-	16		29.4	
Median duration of any breastfeeding (months)	-	-	-	-	19		19.4	
Mortality								
[illegible]	93	82	[illegible]	[illegible]	78	71	[illegible]	
Child Mortality: Under - five mortality (between birth and fifth birthday)	126.4	111	-	-	91	17	[illegible]	
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		[illegible]	
Maternal and Child Health								
[illegible]	[illegible]	41.6	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
Maternity care: Births assisted by a skilled provider (%)	16.8	[illegible]	[illegible]	[illegible]	39	52	[illegible]	
[illegible]	[illegible]	[illegible]	22.9	[illegible]	[illegible]	46	[illegible]	
Child Immunization: Children 12-23 months fully vaccinated (%)	35.1	25.8	-	-	47	54	46	

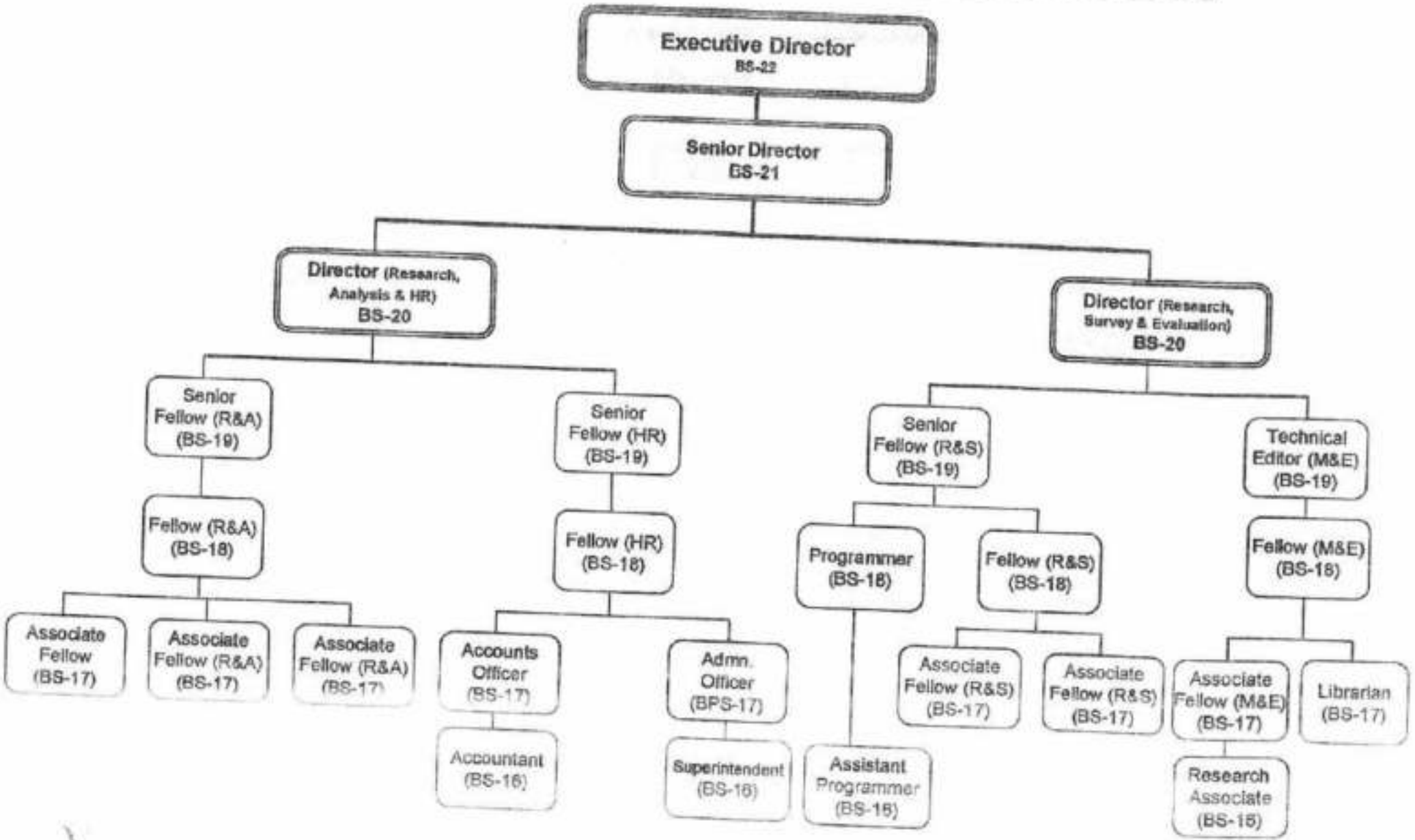
[illegible] Knowledge

[illegible]		[illegible]
[illegible] [illegible] [illegible]

STAFF STRENGTH OF
NATIONAL INSTITUTE OF POPULATION STUDIES (NIPS)
ISLAMABAD

Sr. No.	Name of the Post	BPS	Sanctioned Strength	In Position	Vacant	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	Executive Director	22	1(one)	-	1	-
2	Senior Director	21	1(one)	0	1	-
3	Director	20	2(two)	0	2	-
4	Senior Fellow	19	3(three)	1	2	-
5	Technical Editor	19	1(one)	0	1	-
6	Fellow	18	4(four)	1	3	-
7	Programmer	18	1(one)	0	1	-
8	Librarian	17	1(one)	0	1	-
9	Associate Fellow	17	6(six)	1	5	-
10	PS to Exe. Director	17	1(one)	1	0	-
11	PS to Senior Director	17	1(one)	1	0	-
12	Accounts Officer	17	1(one)	0	1	-
13	Admin Officer	17	1(one)	1	-	-
14	Superintendent	16	1(one)	0	1	-
15	Research Associate	16	1(one)	0	1	-
16	Assistant Programmer	16	1(one)	1	0	-
17	Accountant	16	1(one)	0	1	-
18	Asstt. Private Secretary	16	5(five)	3	2	-
19	Assistant	15	2(two)	2	0	-
20	Stenotypist	14	2(two)	1	1	-
21	Library Assistant	14	1(one)	0	1	-
22	Data Entry Operator	12	3(three)	3	0	-
23	Upper Division Clerk	11	1(one)	0	1	-
24	Lower Division Clerk	09	2(two)	2	0	-
25	Telephone Operator	09	1(one)	1	0	-
26	Press Operator	07	1(one)	1	0	-
27	Transport Supervisor	07	1(one)	1	0	-
28	Electrician	05	1(one)	1	0	-
29	Driver	04	6(six)	6	0	-
30	Dispatch Rider	04	1(one)	1	0	-
31	Qasid	02	3(three)	3	0	-
32	Naib Qasid	01	6(six)	6	0	-
33	Chowkidar	01	3(three)	3	0	-
34	Sweeper	01	3(three)	3	0	-
	Total		70(seventy)	44	26	

ORGANIZATION CHART - NIPS



Key Performance Indicators/Targets Details
(Fund Centre Form can be used to complete following table)

Outputs (As per table budget by outputs)	Key Performance Indicators	Target Achieved		Planned Targets		Forecast Targets	
		2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Research Papers/In-depth Analysis (PDHS)	In-depth analysis of PDHS data to find out he correlates of socio-economic factors related to fertility, mortality, women health, empowerment, violence, gender, migration etc.						
Updating of Population Projections	To estimate population for the year 2035 with the current rate of growth and fertility patterns						
Trainings Seminars/Conferences	Trainings were arranged for the capacity building of NIPS staff as well as technical persons of provincial departments						
	Research Studies/ Survey	1	1	2	1	1	1
	Research papers written	7	7	7	6	6	6
	Working group meeting were held to complete the projection	0	0	3	3	2	2
	Capacity building trainings organized	2	1	2	3	3	3
	Seminars	1	1	2	1	1	1



Directorate of Malaria Control (DoMC)

EXECUTIVE SUMMARY: Malaria has been a major public health problem in Pakistan and leading cause of morbidity and mortality in Pakistan since decades. It is one of the 6 prior communicable diseases posing threat to the health of millions. Pakistan, with one millic estimated and 300,000 confirmed reported cases annually has been categorized by WHO group-3 countries (*low to moderate prevalence*) of the Eastern Mediterranean Region (EMR along with Afghanistan, Djibouti, Somalia, Sudan and Yemen; sharing 95% of the total region burden. Pakistan is among seven countries of EMR sharing 98% of the total regional malar burden. An estimated 98% of Pakistan population (205 million) is at varying risk while arour 60% (123 million) population at high risk for malaria. In this country, Malaria with *Plasmodiu vivax* is more common (88%), while malaria with *Plasmodium falciparum* is seen only durir rainy seasons or post rain accounting for 12% of the malaria burden. During 2021, a total 397,709 confirmed malaria cases were reported from all the public sector health facilities acro Pakistan and private health clinics in high malaria burden districts of the country. During 202 a total of 397,709 confirmed malaria cases have been reported from all health facilitie across Pakistan. Around 7.7 million malaria suspects were screened at these heal facilities. Highest numbers of the reported cases were P. Vivax (PV) 299,939 (75.4% followed by P. Falciparum (PF) 94,412 (23.7%) and Mix cases 3,370 (0.8%). The cumulativ API of all the districts of Pakistan in 2021 was 1.8 with ABER of 3.5 and TPR of 5. Provincial breakdown indicates that during 2020 highest number of cases was reported fro Balochistan 170,955 (43%), followed by Sindh 141,064 (35.5%), Khyber Pakhtunkhw 58,226 (14.6), Merged Areas 26,476 (6.7%), Punjab 948 (0.2%), and AJK 40 (0.01%).

Reduction of malaria burden in the country is both a national and provincial priority. Governme of Pakistan is committed to combat malaria and achieve its national targets, which are in line wi the Global Roll Back Malaria (RBM) initiative and MDGs. The Government of Pakistan "Visic 2025" initiative provides a long term vision and strategy for national health policy development priority area. In 1999 Pakistan become signatory of the Roll Back Malaria (RBM) initiative ar Government has accorded a high priority for control of malaria along-with other 6 communicabl diseases as embodied in its National Health Policy of 2001. Govt. of Pakistan is also keen f joint collaborative efforts with neighboring countries, and is playing very effective role f strengthening Pakistan-Iran & Afghanistan Malaria (PIAM) Network. Pakistan is also signatory "Kabul Declaration 2006" for cross border disease control efforts.

Currently, government has allocated Rs. 169.141 M (2016-2019) under Common Unit to manage GF grant and provincial commitment is about Rs. 3650.00 M for next 5-year plan. DoMC as an Attached/Executive Department of M/o National Health Services, Regulations and Coordination has 43 M as regular budget for the year 2021-22. For the period of 2021- 2023, DoMC has secured the grant of USD 39.00 million from GFATM under New Funding Model II focusing control of malaria in 60 highest burden sharing districts of the country.

Directorate of Malaria Control (DoMC).
Ministry of National Health Services, Regulations & Coordination. Government of Pakistan.

INTRODUCTION

SITUATION IN PAKISTAN

Malaria has been a major public health problem in Pakistan and a leading cause of morbidity and mortality in Pakistan since decades. It is one of the six priority communicable diseases posing threat to the health of millions. Pakistan, with one million estimated and more than 400,000 confirmed reported cases annually has been categorized by WHO in group-3 countries (low to moderate prevalence) of the Eastern Mediterranean Region (EMR), along with Afghanistan, Djibouti, Somalia, Sudan and Yemen; sharing 95% of the total regional burden. Pakistan is among seven countries of EMR sharing 98% of the total regional malaria burden. Although not on track for the GTS 2020 case incidence milestones, Pakistan and Somalia have reduced case incidence, but by less than 40% in 2020 compared with 2015. In Pakistan, the principal and secondary malaria vectors are respectively *An. Culicifacies* and *An. Stephensi*, both widely distributed in the country and generally found throughout the year.

The actual extent of the malaria burden in Pakistan is still largely unknown. A great proportion of malaria cases are still diagnosed and treated on clinical ground. During 2015-2021, the improved access to and increased use of Rapid Diagnostic Tests (RDTs) have resulted in subsequent rise in the number of confirmed cases of malaria from all the reporting health facilities across the country. Information on deaths due to malaria is very limited, and malaria mortality is not being regularly reported. In Pakistan where malaria transmission is unstable, malaria outbreaks represent a major public health problem.

PROGRAM GOAL AND OBJECTIVES

The goals of the National Plan for Malaria Elimination in Pakistan, 2021-2030 are as follows:

1. Ultimately interrupt transmission of and eliminating indigenous malaria throughout the entire country by 2035.
2. Maintain malaria-free status in areas where malaria transmission has been interrupted and prevent re-establishment of local transmission.

GENERAL OBJECTIVES

- Reducing the incidence of malaria to less than 1 case per 1000 population at risk in all Provinces/Federal Territories by 2030.
- Interrupting transmission of and eliminating indigenous *P. falciparum* malaria throughout the entire country by 2030.
- Interrupting transmission of and eliminating indigenous malaria in a phased manner progressively across the country by 2035.
- Preventing the re-establishment of local malaria transmission due to importation in all areas where it has been eliminated before and beyond 2035.

MILESTONES AND TARGETS

By the end of 2020:

- Pakistan has developed and endorsed the NSP-ME 2021-2035, and national elimination campaign has been officially launched across the country.

By the end of 2023:

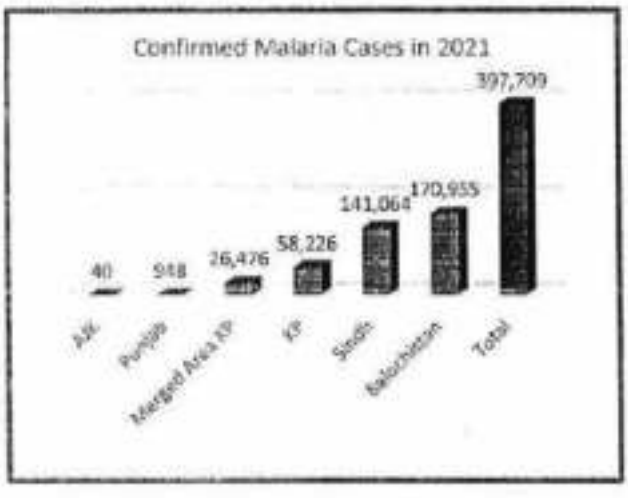
- An estimated reduction in the reported malaria incidence of 10 % at the national level compared with 2019.
- The re-establishment of local transmission prevented in areas where malaria has been eliminated.

By the end of 2025:

- An estimated reduction in the reported malaria incidence of 30% at the national level compared with 2019.
- Transmission of malaria including P. falciparum malaria interrupted and zero incidence of indigenous cases of malaria including P. falciparum malaria attained in Provinces/Federal Territories (Punjab, Azad Jammu & Kashmir, Gilgit Baltistan and Islamabad Capital Territory) and these Provinces/Federal Territories moved from Category 2 to Category 3.
- The re-establishment of local transmission prevented in areas where malaria has been eliminated.

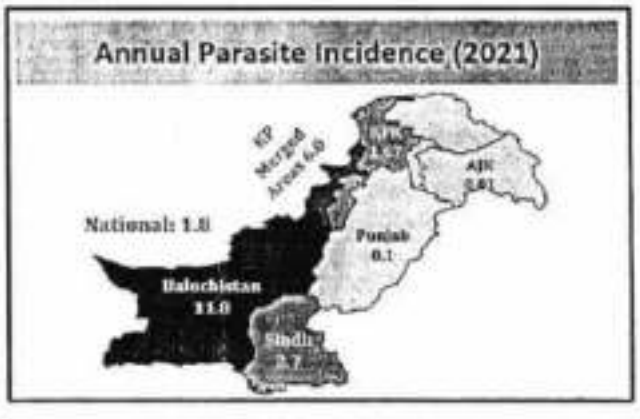
PROGRESS DURING 2020

Total number of cases



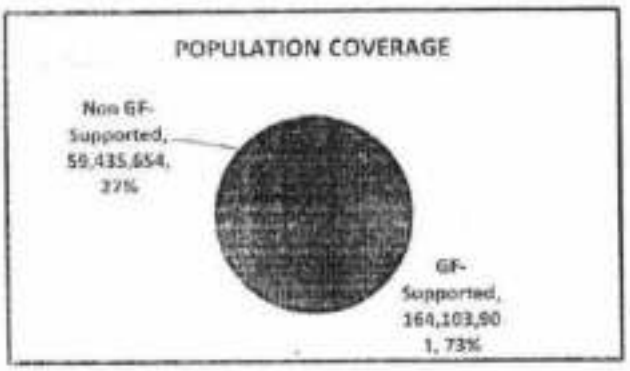
During 2021, a total of 397,709 confirmed malaria cases have been reported from all health facilities across Pakistan. Around 7.7 million malaria suspects were screened at these health facilities. Highest numbers of the reported cases were P. Vivax (PV) 299,939 (75.4%) followed by P. Falciparum (PF) 94,412 (23.7%) and Mix cases 3,370 (0.8%). The cumulative API of all the districts of Pakistan in 2021 was 1.8 with ABER of 3.5 and TPR of 5.1. Provincial breakdown indicates that during 2020 highest number of cases was reported from Balochistan 170,955 (43%), followed by Sindh 141,064 (35.5%), Khyber Pakhtunkhwa 58,226 (14.6), Merged Areas 26,476 (6.7%), Punjab 948 (0.2%), and AJK 40 (0.01%).

Annual Parasite Incidence (API)



The cumulative API of all the districts of Pakistan in 2020 was 1.8. The highest API was reported by Balochistan province (11.8), followed by KP Merged Areas (4.8), Sindh (2.7) and KP (1.7) as shown in the map.

The Global Fund (TGF) Supported Districts-Population Coverage



Currently The Global Fund (GF) is the main donor of Directorate of Malaria Control (DoMC), Ministry of National Health Services, Regulations and Coordination (NHSRC) since 2002. The grant is mainly focused on high burden sharing areas of the country mainly in Balochistan, Merged Areas, Khyber Pakhtunkhwa and Sindh provinces. The number of reporting grant supported districts from all over Pakistan was 60 during 2021. About 27% of the country population lives in the highest malaria endemic districts of Pakistan. The number of functional health facilities providing malaria diagnostic services in the Global Supported districts by the end of the year was 4,093.

Disease burden in TGF supported districts

During 2021, a total of 397,709 confirmed malaria cases have been reported from all health facilities across Pakistan. Around 7.7 million malaria suspects were screened at these health facilities. Highest numbers of the reported cases were P. Vivax (PV) 299,939 (75.4%) followed by P. Falciparum (PF) 94,412 (23.7%) and Mix cases 3,370 (0.8%).

The cumulative API of all the districts of Pakistan in 2021 was 1.8 with ABER of 3.5 and TPR of 5.1. The average API of these 60 GF supported districts during 2021 was 9.0 with ABER of 10.6 and TPR of 8.5. The trend is similar to previous five years with highest number of cases reported from August to October.

Mass population movements within the country and across international borders, unpredictable transmission patterns, the low immune status of the population, climatic changes, poor socioeconomic conditions, declining health infrastructure, resource constraints, poor access to preventive and curative services, and mounting drug and insecticide resistance in parasites and vectors, all contribute to this huge disease burden.

Malaria Vectors: Of 24 anopheline species, traditionally *An. culicifacies* has been incriminated as major vector in rural settings of Pakistan and showed a uniform distribution pattern in country. Historically *An. stephensi* has been reported as urban vector in Pakistan. For breeding preferences, both species showed a significant association with clean water habitats in irrigated areas of rural settings of the country. However, *An. stephensi* also exhibited a notable association with waste water in peri-urban areas of Pakistan. Apart from the above two species there are also some suspected malaria vectors in Pakistan like *An. fluviatilis, An. annularius, An. maculates, An. superpictus* and *An. pulcherrimus*. The former two species have major importance in this regard. *An. maculates* and *An. superpictus* are considered the suspected vectors in mountainous and foothill areas of KPK and Balochistan provinces. *Anopheles purcherrimus* is also suspected to be involved in disease transmission in central Punjab and some areas of Sindh province.

Government Commitment for Malaria Control in Pakistan: Reduction of malaria burden in the country is both a national and provincial priority. Government of Pakistan is committed to combat malaria and achieve its national targets, which are in line with the Global Roll Back Malaria (RBM) initiative and MDGs. The Government of Pakistan "Vision 2025" initiative provides a long-term vision and strategy for national health policy development as priority area. In 1999 Pakistan become signatory of the Roll Back Malaria (RBM) initiative and Government has accorded a high priority for control of malaria along-with other 6 communicable diseases as embodied in its

National Health Policy of 2001. Government of Pakistan is also keen for joint collaborative efforts with neighboring countries, who had signed the "Kabul Declaration 2006" for cross border disease control efforts

National strategy for malaria control in Pakistan

National malaria control strategy based on following 6 elements;

- Early diagnosis and prompt treatment
- Multiple prevention
- Epidemic preparedness
- Partnership building
- Operational research
- Institutional strengthening

National indicators for assessment

The key monitoring indicators (indices) of the malaria control program are;

- Annual Parasite Incidences (API)indicating number of confirmed cases/1000 population/ year
- Blood Examination Rate (BER) related to the diagnosis coverage of population
- Slide Positivity rate (SPR) related to true case rate amongst samples

Malaria control and prevention in Pakistan

Aligned with WHO policy and strategy, there two core interventions in Pakistan i.e. Indoor Residual Spray (IRS) and Long-lasting insecticidal nets (LLINs/ITNs), supported by Larval Source Management (LSM). For quality care services, program primarily focus on Early Diagnosis and effective treatment which also include the trainings of health care providers on malaria case management, malaria information system. Outbreak response and BCC activities are also core pillars of malaria management system in Pakistan.

Long Lasting Insecticidal Nets (LLINs)

No mass distribution campaign was conducted during 2021 mainly due to COVID restrictions. The goal was to achieve universal coverage with LLINs in the rural areas of the malaria high burden sharing districts. All rural households in the targeted districts were identified as the LLINs' "beneficiaries". The strategy was to distributed one LLIN to every two persons capped at a maximum of four LLINs per household.

Around 59,000 LLINs were distributed through ANC clinics during 2021 due to resource constraints.

Indoor Residual Spraying (IRS)

Currently IRS has been reserved as "Outbreak Response" through TGF resources. However, in non-GF districts this is a routine intervention (depending upon the availability of resources). However, from 2024 onwards intervention will be adopted as Campaign Intervention throughout the country through domestic resources

Statement of Allocation of Budget and expenditure w.e.f. 2018 to 2022-23 as per detail, give below:-

Year	IB/ID	Budget	Release	Expenditure up to June 2019
		Rs.	Rs.	Rs.
2018-19	7159	42,937,000	42,937,000	49,870,948
2019-20	7159	36,734,000	36,734,000	40,898,335
2020-21	1951	39,587,000	39,587,000	37,106,522
2021-22	3324	41,170,000	41,170,000	41,111,373

Financial Year 2022-23

Year	Head of Account	Budget
2022-23	A01	23,454,000
	A03	10,471,000
	A04	688,000
	A05	6,000
	A09	2,431,000
	A13	2,993,000

Chapter - 11

National Health Emergency Preparedness & Response Network (NHEPRN)

Ministry of National Health Services, Regulation & Coordination, Islamabad

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Issues and Challenges

Malaria is very "***Time-Specific***" disease and peak transmission is "post transmission season" Effectively disease can only be control and managed sustainably when all planned interventions will be implemented at ***right time*** and with ***full coverage*** of target population. Following are the main issues and challenges faced during the year:

General

- Delays in notification of Directorate of Malaria Control (DoMC) as Directorate of malaria, Dengue and other VBD Control"
- Timely and adequately release of approved funds under existing CMU-PC-I (2016-2019)
- Ownership of the programme by the provinces and sufficient resource allocation by the provinces.
- Filling of vacant posts in provinces (Human resources development and management)
- Resources for *Universal Coverage* of diagnostic, treatment and prevention services
- Fragmented data management systems.
- Validity of data.
- Strengthening of M&E system for impact analysis of interventions
- Data on severe Malaria and Malaria deaths are not properly reported especially from Tertiary care Hospitals.
- Feedback at all levels
- Timely reporting of data from Non GF supported districts.
- Malaria out break alerts and use of weekly charts.
- Capacity of data management units for data analysis.
- Compilation of accurate complete and valid information for World Malaria report.
- DHIS-2 is still not fully functional and issues with reporting have been reported. Data punching in DHIS-2 gets delay due to internet issue in the districts.
- Non-functioning of DIHS-2 in non-GF target districts
- Timely alert generation and outbreak detection remained a big challenge. Weekly watch charts although installed in almost all public health facilities are not regularly updated and used properly and unusual rise in cases is not timely reported.

- DoMC as an Attached/Executive Department of M/o National Health Services, Regulations and Coordination has 43 M as regular budget for the year 2021-22.
- Free of cost distribution of 1.5 Million LLINs in 550,000 household through a very systematic Mass Campaign in 2020 in Merged Districts (Ex-FATA) within 7 days.
- Distribution of free of cost 70,000 Glucantime Injection through the support of WHO for treatment of Cutaneous Leishmanaisis (CL) in Pakistan
- Situational analysis of country for Vector-Borne Diseases (VBDs: malaria, Dengue, Leishmaniasis, Congo virus etc) in Pakistan
- Regular conduction of Technical Working Group (TWG) meetings during 2020 to review the program
- Treatment of approx. 45,500 Houses with Indoor Residual Spraying (IRS) in Pakistan during 2020
- 1.7 Million Rapid Diagnostic Tests utilized to diagnose the suspected malaria cases.
- Training of 3000 health care providers on malaria case management.
- The target for 2020 was to train 1500 technicians on malaria diagnosis 100% target acheived.
- Treatment of 100% confirmed cases of P. falciparum with Artemisinin-based Combination Therapies (ACTs) in country, mostly through FGATM resources.

C). Participation in International events

- DoMC participated meeting on quality assurance on LLINs in Liverpool May 2022
- DoMC participated meeting on Regulatory fairs of Anti-Malarial Drugs in Singapore April 2022
- DoMC participated in 15th Annual Roll Back Malaria Vector Control Working Group (RBM VCWG) and Alliance for Malaria Prevention (AMP) meeting in 2020
- DoMC as ONLY PUBLIC SECTOR member around the globe participated WHO Prequalification for Vector Control Product Assessment meetings in 2020
- DoMC and Co-PR participated in Capacity Building meeting for New Funding Model (NFM-II) organized by End-malaria/Roll Back Malaria in Nairobi Kenya 2019

Achievements

The details of achievements/progress of Directorate of Malaria Control (DoMC) during 2020-21 are as under;

A). Policy, Strategic documents, guidelines and MoUs

- Broadening the scope of Directorate of Malaria Control as Directorate of Malaria and other Vector-Borne Diseases (VBDs) Control" 2020. Summary recommended by Ministry for the approval Cabinet.
- Development and launching of "First-ever" Nation al Plan of Action (PoA 2020-2024) for the sustainable management OF VBDs (Malaria, Dengue, Chikungunya, Leishmaniasis, and Congo virus etc) in Pakistan.
- Preparation of Emergency Response Plan for Dengue Control in Islamabad with the worth of Rs. 81.5 M
- Development of National Policy for Malaria Control (Final Draft 2020)
- Development of Quality Assurance Protocol and Tools for Public Health Pesticides (PHPs) Management in Pakistan 2020 (Final draft endorsed by provinces and partners)
- Development of "First-ever" SOPs for application of Disinfectant for the control of CORONA virus
- Treatment of all major hospitals through application of disinfectants for the prevention of CORONA virus in Islamabad
- Signing of Memorandum of Understanding (MoUs) with Pir Maher Ali Arid Agriculture University (PMAS-AAU)-Rawalpindi, Institute of Public Health (IPH)-Lahore), Health Services Academy of Pakistan (HAS), Rackitt – Pvt Ltd for vector surveillance, Capacity building and Operational Research
- Signing of Memorandum of Understanding (MoUs) with Liverpool School, CDC Atlanta for mosquito simple analysis

B). Resource generation and Provision of Diagnostic & Treatment and Preventive Services

- Establishment of National Entomological Reference laboratory (NERL) at Pir Maher Ali Arid Agriculture University (PMAS-AAU)-Rawalpindi as a Center of Excellence for Vector Surveillance and Capacity building. NERL will be jointly operated by DoMC and PMAS-AAU-Rawalpindi
- During 2022, 3.1 Million LLINs were distributed in 14 top-burden sharing districts of the Pakistan, of which 11 were from Balochistan (1.43 M LLINs); 2 districts were from KPK (1.02 Million LLINs) and 1 district from Sindh (0.5 M LLINs).
- Over 700,000 LLIns were also distributed in Flood affected districts of the Pakistan
- Around 59,000 LLINs were distributed through ANC clinics during 2021 due to resource constraints.
- For the period of 2021-2023, DoMC has secured the grant of USD 39.00 million from GFATM under New Funding Model II focusing control of malaria in 60 highest burden sharing districts of the country.
- Approval of PC-I for "Common Unit to Manage GFATM Grant 2016-2018 with the worth of Rs. 169.148 M and provincial commitment is about Rs. 3650.00 M for next 5-year plan

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Functions

Roles and responsibilities

As a result of constitutional amendment in June 2010, Pakistan is now following decentralized strategy empowering the provinces and districts for implementation of all preventive and diagnostic services. Well defined roles and responsibilities of each tier are very essential to avoid any authority conflicts for implementation and management of these services. In Pakistan, generally defined roles and responsibilities of malaria control programs of different levels are as under;

Central Directorate of Malaria Control (DoMC)

- To act as Principal Recipient (PR) for all Global Fund supported health initiatives
  - ➢to serve as the Principal Recipient (PR) for Global Fund Grant (Malaria) for country and to provide support as Project Management Unit (PMU)
- Preparation of proposals and liaising with all stakeholders, partners and international agencies
  - ➢to coordinate malaria-related curative and prevention efforts between provinces, community based organizations (CBOs) and other stakeholders working for control of malaria
  - ➢coordination with international partners and other bilateral/multilateral support agencies, non-governmental organizations (NGOs) etc
- Providing technical and material resources to provinces for successful implementation of disease control strategies, and diseases surveillance
  - ➢policy formulation, strategic directions, capacity building, guidance and standards for maintaining uniformity in malaria control services in country
  - ➢to act as primary coordinating, technical support, monitoring and evaluation (M&E) and Central Data Coordinating Unit (CDCU) for prevention and control of malaria
  - ➢to fill the *services gaps* of provinces particularly during emergencies or outbreaks.

This prioritization does not mean that efforts to eliminate malaria in low transmission areas and prevent its re-establishment should be put on hold, only that such efforts must not take precedence over addressing burden reduction.

Programme Phasing:

Malaria elimination in Pakistan will be carried out in a phased manner and interim targets have been set up (1) by parasite species with a priority to be given to elimination of *P. falciparum* and (2) by geographical area with different parts of the county being at different programme phases simultaneously.

Phasing is necessary, because premature application of the elimination phase interventions would be prohibitively demanding: the malaria burden must be lowered, before it will be possible and rational to investigate and treat every case.

Milestones and Targets

By the end of 2020:

Pakistan has developed and endorsed the NSP-ME 2021-2035, and national elimination campaign has been officially launched across the country.

By the end of 2023:

- An estimated reduction in the reported malaria incidence of 10 % at the national level compared with 2019.
- The re-establishment of local transmission prevented in areas where malaria has been eliminated.

By the end of 2025:

- An estimated reduction in the reported malaria incidence of 30% at the national level compared with 2019.
- Transmission of malaria including *P. falciparum* malaria interrupted and zero incidence of indigenous cases of malaria including *P. falciparum* malaria attained in Provinces/Federal Territories (Punjab, Azad Jammu & Kashmir, Gilgit Baltistan and Islamabad Capital Territory) and these Provinces/Federal Territories moved from Category 2 to Category 3.
- The re-establishment of local transmission prevented in areas where malaria has been eliminated.

By the end of 2030:

- An estimated reduction in the reported malaria incidence of 70% at the national level compared with 2019.
- *API* reached the elimination threshold in four Provinces/Federal Territories: Sindh, Balochistan, KP & Merged Areas/ex-FATA and these Provinces/Federal Territories moved from Category 1 to Category 2.
- Transmission of *P. falciparum* interrupted, and zero indigenous *P. falciparum* cases attained throughout the entire country.
- The re-establishment of local transmission prevented in areas where malaria has been eliminated.

By the end of 2035:

- Transmission of malaria interrupted, and zero incidence of indigenous cases attained in all Provinces/Federal Territories throughout the entire country.

- The re-establishment of local transmission prevented in areas where malaria has been eliminated.

It is worthwhile to note that the progress towards interrupting local transmission and eliminating malaria will be, to a large extent, conditional to how successfully technical/operational challenges are addressed within each particular Province/Federal Territory and District, taking into account universal coverage and good quality of curative/preventive measures covering everyone at risk; setting up adequate information, surveillance and monitoring & evaluation (M&E) systems; strengthening general health services; motivating and sustaining health staff concerned; and providing administrative and management provisions to govern the programme properly.

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Mission Statement

Government commitment for malaria control in Pakistan

Reduction of malaria burden in the country is both a national and provincial priority. Government of Pakistan is committed to combat malaria and achieve its national targets, which are in line with the Global Roll Back Malaria (RBM) initiative and MDGs. The Government of Pakistan "Vision 2025" initiative provides a long term vision and strategy for national health policy development as priority area. In 1999 Pakistan become signatory of the Roll Back Malaria (RBM) initiative and Government has accorded a high priority for control of malaria along-with other 6 communicable diseases as embodied in its National Health Policy of 2001. Govt. of Pakistan is also keen for joint collaborative efforts with neighboring countries, and is playing very effective role for strengthening Pakistan-Iran & Afghanistan Malaria (PIAM) Network. Pakistan is also signatory of "Kabul Declaration 2006" for cross border disease control efforts.

Vision: Pakistan free from malaria by 2035.

Mission: The DoMC of the Ministry of NHSRC of the Government of Pakistan aims to achieve malaria elimination by ensuring equitable and universal access to effective curative and preventive services to everyone at risk of malaria in close coordination with the efforts of all the communities, national and international non-government organizations, private sector stakeholders, United Nations agencies and financial partners.

Achieving the vision of "Pakistan free from malaria" will contribute significantly to poverty alleviation as malaria is most prevalent in the poorest segment of the population.

Goals: In line with the WHO Global Technical Strategy for Malaria 2016-2030 *(1)*, the goals of the National Plan for Malaria Elimination in Pakistan, 2021-2030 are as follows:

- Ultimately interrupt transmission of and eliminating indigenous malaria throughout the entire country by 2035.
- Maintain malaria-free status in areas where malaria transmission has been interrupted and prevent re-establishment of local transmission.

General Objectives: The plan has four general objectives:

- Reducing the incidence of malaria to less than 1 case per 1000 population at risk in all Provinces/Federal Territories by 2030.
- Interrupting transmission of and eliminating indigenous *P. falciparum* malaria throughout the entire country by 2030.
- Interrupting transmission of and eliminating indigenous malaria in a phased manner progressively across the country by 2035.
- Preventing the re-establishment of local malaria transmission due to importation in all areas where it has been eliminated before and beyond 2035.

Approaches

Priorities

- Flattening the epidemiological landscape by reducing transmission in high transmission areas.
- Interrupting transmission of and eliminating indigenous *P. falciparum* malaria.
- Additional country-level priorities such as measures targeting certain mobile and migrant populations, cross-border collaboration and other activities identified by local analysis.

Message of Director General NHEPRN



As Head of the Department, I take pride in leading NHEPRN with a deliberate and strategic visions to foster high quality health related emergency management and further improve and institutionalize the concept of Health Emergency Preparedness, Response and Recovery in Pakistan. I look back with satisfaction on our success and look forward with anticipation to be even more successful in future.

Emergencies are always unpredictable but much can be done to prevent and mitigate their effects as well as to strengthen the response capacity of communities at risk. The magnitude of human suffering caused by these events is huge and many aspects of people's life are affected like health, security, housing, access to food, water and other commodities.

That is why it is vital to have health contingency plans in place so that the negative impact of disaster on people's health can be mitigated and a coordinated response be initiated as effectively and efficiently as possible when disaster or other crisis strikes.

In short, our aim is to save lives, reduce suffering and to protect the health of citizens of Pakistan from the effects of man-made and or naturally occurring disasters with a special focus on vulnerable population regardless to their economic & social condition, gender, race, language, religion and opinions.

Dr. Raja Amjad Mahmood
Director General
NHEPRN

Organizational Background

Pakistan is a disaster prone country witnessed with all sort of disasters including acute, chronic, and manmade and Natural E.g. Earthquake, flood, drought etc. keeping in view this position Government of Pakistan formed two organizations to deal with all sorts of disasters which are as follows:

i. National Disaster Management Authority (NDMA)
Mandate: NDMA Provides/ensures Food & Shelter in emergencies/disasters.

ii. National Health Emergency Preparedness & Response Network (NHEPRN)
Mandate: NHEPRN Provides/ensures Health related activities in emergencies/disasters.

National Health Emergency Preparedness & Response Network (NHEPRN) was established on 15.01.2011, Part & Parcel of the devolved Ministry of Health, with the approval of Prime Minister vide officer order No.F.1-1/2010-SH Admn-I dated 15th January, 2011.

NHEPRN being wing of the Ministry of Health (defunct) was sanctioned forty-eight (48) gazetted / non-gazetted posts. These posts were filled by the Ministry of Health by appointment / promotion etc. The employees of NHEPRN are civil servants.

After Post devolution of Ministry of Health, NHEPRN Wing of the Ministry was transferred to Cabinet Division along with employees vide notification dated 30.01.2011. In May, 2013, the administrative control of the NHEPRN was again transferred to Ministry of NHS, R&C.

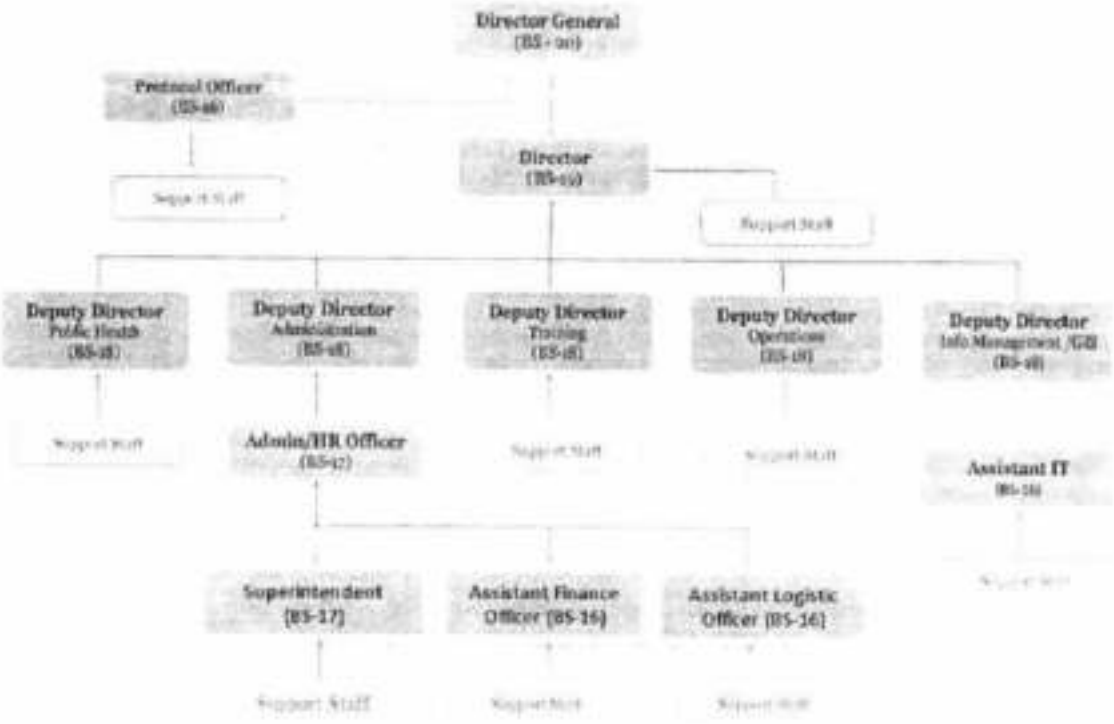
As per approval of the Prime Minister vide their U.O. No.3690/PSPM/2010 dated 11.11.2010 and officer order for establishment of NHEPRN vide Ministry of Health (defunct), state clearly, that the department was established as a part & parcel of the devolved Ministry of Health. However, the Wing of NHEPRN was shifted to Cabinet Division, post devolution of Ministry of Health. Thereafter, the status of the said wing was shown as sub-ordinate office of the Cabinet Division.

As per cabinet Division memorandum letter No. 4-11/2019-Min-I dated 14.04.2020 Federal Government has been pleased to approve, NHEPRN the Executive Department of the M/o NHSR&C.

Functions of NHEPRN

Functions	Roles and Responsibilities
Coordination	• Define the levels of coordination and liaisons with other National stakeholders to maximize efficiency and minimize duplication. • Represents Government of Pakistan at all health and related platforms • Coordinate with NDMA in all health related activities. • Coordinate all health preparedness and response activities • Co-chair Health, WASH and Nutrition Clusters for Response and Early Recovery
Information Management	• Coordinate with Provinces / Districts for gathering, sharing health related Emergency Preparedness & Response information. • Produce situations reports regarding disease trends, mapping the status of health facilities and existing resources • Formulate and disseminate health updates and information (higher offices, media and other stake holders) • Maintain a comprehensive evidence-based data of human, material and infrastructure capacities, Hazard mapping, information for emergency forecasting, as well as data on past emergencies and National/ Regional response generated
Health Services Delivery	• Identification of needs and gaps in health services • Ensure timely availability of medical teams to fill the gaps • Coordinate need based delivery &distribution of both human and material resources received as donations from National and International Organizations as well as other countries(including medical teams and field hospital)
Essential Medicines	• Coordinate with Provinces/Districts for collection of information on essential medicines • Identification of needs and gaps in health services • Keep an update inventory of medicines and equipment received and supplied
Disease Monitoring	• Coordinate with WHO/Provinces/Districts for collection of disease data on daily basis • Monitor daily basis trends in the affected areas • Plan and implement outbreak response plan • Ensure availability of contingency stocks of medicines and supplies

Organizational Organogram



Staffing Position (Sanctioned Posts by Grade, Filled, Vacant)

BPS	Designation	Number of Posts			Remarks
		Sanctioned Strength	Filled	Vacant	
20	Director General	01	01	00	
19	Director	01	01	00	Working in Ministry of NHSR&C
18	Deputy Director	04	01	03	Working in Ministry of NHSR&C
18	IT/Geographical Information System Officer	01	00	01	-
17	Superintendent	01	01	00	Working in Ministry of NHSR&C
17	Admn./HR Officer	01	00	01	-
16	Assistant Logistic Officer	01	00	01	-
16	Assistant Finance Officer	01	00	01	-
16	Assistant IT Officer	01	01	00	-
16	Protocol Officer	01	00	01	-
16	Assistant Private Secretary (APS)	02	01	01	-
16	Assistant	05	05	00	-
14	Steno typist/ Computer Operator	04	03	01	Two (02) Computer Operator Working in Ministry of NHSR&C
9	UDC	02	00	02	-
7	LDC	06	03	03	
4	Dispatch Rider	01	00	01	-
4	Driver	04	04	00	One Driver Working in Ministry of NHSR&C
4	Security Guard / Chowkidar	04	00	04	-
2	Naib Qasid / Helper	06	05	01	-
1	Sweeper / Sanitary Worker	02	02	00	-
Total		49	28	21	

NHEPRN'SACHIVEMENTS / ACTIVITIES FOR THE YEAR 2021-2022

Following are the key achievements and activities by National Health Emergency Preparedness & Response Network (NHEPRN) during the Year 2021-2022 despite having limited resource and technical staff at hand.

Trainings

- **Basic Life Support (BLS)**

  NHEPRN has conducted BLS (Basic Life Support) Training Courses on 24-26 January 2022 National Level to increase the capacity of the Nation to respond effectively to emergencies. BLS addresses the Basic Life Support programme for organizational and medical component of health facilities in order to develop and implement well-designed plans that increase their capacity to respond effectively to emergencies. It is mentioned that number of 60 participants attended the same training.

- **Emergency Life Support Skills (ELSS)**

  NHEPRN has conducted ELSS (Emergency Life Support Skills) Training Courses on 9-11 May 2022 National Level to increase the capacity of the Nation to respond effectively to emergencies. ELSS addresses the Emergency Life Support Skills programme for organizational and medical component of health facilities in order to develop and implement well-designed plans that increase their capacity to respond effectively to emergencies. It is mentioned that number of 55 participants attended the same training.

  The effective application of skills and knowledge learned during these training workshops will surely enhance and strengthen the disaster response capacities in Pakistan. These training workshops have equipped the participants to:-

  - Prepare health care facilities to respond effectively & efficiently to community emergencies involving large numbers of causalities.
  - Develop plans to respond to emergencies on best-practice guidelines.
  - Transfer HOPE knowledge to the healthcare personnel (higher management &colleagues)

ISSUES & CHALLENGES

- ☐ Staff posted at the Ministry NHSR&C may be posted back at NHEPRN to undertake HRD and Procurement Activities as per Budget availability
- ☐ NHEPRN need more Space/ Rooms for Officers and Medical Warehouse
- ☐ Employees Service Structure needs Posts Up-gradation and Service Rules Amendments
- ☐ Insufficient budget in purchase of emergency medicines and other equipment
- ☐ Lack of trained Human Resource

WAY FORWARDS

- ☐ All the technical staff & Supporting staff may be repatriated back to NHEPRN or they may be adjusted/Absorbed in Ministry. Due to shortage of technical staff in NHEPRN these Posts may be vacated so that they can be filled through recruitment/deputation from MS wing
- ☐ Provision of offices and Medical Warehouse
- ☐ Posts Up-gradation and Service Rules Amendments
- ☐ Sufficient Budget Allocation
- ☐ Training of HRD

Website:	www.nheprn.gov.pk
Facebook Page:	https://www.facebook.com/NHEPRN/
Twitter Page:	https://twitter.com/nheprn?s=08
Email:	dgnheprn@gmail.com



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Federal Directorate of Immunization
Ministry of National Health Services Regulation and Coordination
Year-Book 2021-2022

1. Brief Background and Introduction:

Government of Pakistan has been providing free of cost immunization services against vaccine preventable diseases since 1978. At present, vaccination against Childhood Tuberculosis, Poliomyelitis, Diphtheria, Pertussis, Hepatitis B, Streptococcal Meningitis, Hemophilic Influenza type b (Hib), Tetanus, Measles and Typhoid (in Sindh and Punjab) is being provided under Expanded Programme on Immunization. The programme targets almost 7.5 Million children annually across the country and approximately same number of pregnant women against Tetanus.

With the passage of time, a number of new vaccines e.g. Hepatitis B, Haemophilus Influenza type b (Hib), Pneumococcal conjugated vaccine , Inactivated Polio vaccine (IPV), Rotavirus vaccine and Typhoid conjugated vaccine (TCV) were introduced in 2002, 2009, 2012, 2015,2018 and 2019-2021 respectively. Currently the immunization services are being provided through fixed sites, outreach and mobile services.

Routine Immunization (RI) is the most cost effective intervention for prevention of Vaccine Preventable Diseases (VPDs) and reduction of VPD related morbidity and mortality. Government of Pakistan is leading the Immunization Programme and fully endorses the fact that through strengthening of Routine Immunization, polio and other VPDs can be controlled, eliminated and eradicated. Pakistan is directing all its efforts to increase the RI coverage by utilization of available resources and rightful use of Polio assets through EPI/PEI synergy.

In pursuance of 18th Constitutional Amendment, Ministry of Health was abolished and vertical Programmes including EPI were devolved to provinces and they have been entrusted with the administrative and legislative powers. Implementation of provincial EPI activities lies with the provincial governments in respective provinces and Federal EPI, Ministry of National Health Services Regulations and Coordination (MoNHSR&C) is responsible for implementation of EPI activities in federating areas and for overall coordination.

2. Vision:

The Expanded Program on Immunization envisions "to achieve the universal immunization coverage leaving no one behind to die from a vaccine preventable disease" (mortality from vaccine preventable disease should be less than 1 % of the total child mortality). The EPI vision incorporates international commitments and national directions and principles thereby contributing to SDG3 and the National Health

Vision's (2016-2025) specific goals through program's objectives as given in its new comprehensive Multi-Year Plan (cMYP) 2020-24.

The goal of the EPI is to reduce the infant, child and mother mortality and morbidity linked with vaccine preventable diseases, as per EPI's schedule, and to limit other infectious diseases (epidemics and pandemics) through emergency vaccination drives.

3 . Objectives

(a) To reach more than 90% coverage with third dose of Pentavalent vaccine among children under 1 year of age at national level and at least 80% coverage in every district through routine immunization by 2025 and sustain it.

(b) To introduce the new available vaccines based on evidence and epidemiological data complying to vaccine regulatory system of the country.

(c) To strengthen the VPDs surveillance in order to provide complete and timely information backed with strong monitoring system for continuous improvement.

(d) To integrate EPI with primary health care within a more comprehensive service delivery program.

(e) To institute robust vaccine supply chain system ensuring availability of potent vaccines.

(f) To enable the communities in enhancing their understanding and ownership of the value of vaccination and demand vaccination as their right and responsibility.

(g) To enhance facility-based vaccination with timely and effective AEFI management

(h) To improve immunization waste management system

(i) To achieve sustainability in financing and resource mobilization for various immunization interventions in a timely and efficient manner.

(j) To develop a strong EPI/PEI Synergy Framework and Mechanism

4. Functions

The FDI, is assisted with the all supporting sections i.e. Management, Administration, Operation, procurement section, Finance section, Monitoring and Evaluation, Surveillance and Health Education section. The functions supervised / assisted are as under:

1. Overall planning, policymaking and strategies
2. Technical guidance and support
3. Coordination with International Agencies, Development and Implementation Partners
4. Overall monitoring, supervision, evaluation and reporting

5. Surveillance of Vaccine Preventable Diseases (VPDs) and Adverse Events Following Immunization (AEFI)
6. Pool Procurement of vaccines/syringes/ CCE OP and non CCEOP equipment and logistics and supply to provinces
7. Training need assessments and training of Master trainers
8. Implementation of National Immunization support project (NISP)

5. **Key Achievements and Activities:**

1. **SUPPLY CHAIN OF FEDERAL DIRECTORATE OF IMMUNIZATION**:

Introduction: - The Supply and cold chain system has mainly three basic components:
i).Transport and storage
ii). Trained personnel
iii). Efficient management procedures.

Actually cold chain is a temperature-controlled supply chain. Any effective and efficient supply and cold chain focuses, the people, the technologies, the systems and coordination of the said three. Pakistan has about 1Million liters storage capacity in the form of 250 freezer rooms, 22,000 ILRs and SDDs, 20 CCEs of -25 Celsius ability and 140 UCCs of -85 degree Celsius ability.

FDI has a separate system of clearing and forwarding through hired clearing and forwarding agent to ensure timely delivery of vaccines to and fro. Thus FDI , has robust system of clearance of vaccines and devices at airports and dry ports. FDI, has established effective co-agent to ensure timely delivery of vaccines to and fro. Thus FDI has robust system of clearance of vaccines and devices at airports and dry ports.FDI has established effective co-ordination mechanism with DRAP, and customs to import vaccines and devices through UNICEF, supply division. FDI, Storage capacity (2-8 °C, -20°C, -25 and -85 degree Celsius) & distribution of vaccines to provinces and areas always remained effective. Management of Polio vaccines, campaign vaccine in coordination with NEOC has always remained efficient and effective. The most effectiveness of FDI, supply and cold chain is a response to COVID-19 vaccine receipt, storage and supply chain management. The quick response to covid-19 Operations are a guarantee of its effectiveness. Total procured covid-19 vaccines stands at 185Million doses, gratis covid-19 vaccines from COVAX facility stands at 121 Million Doses, gratiscovid-19 vaccines from China stands at 8.9 Million. Thus grand Total covid-19 vaccines that have been processed through FDI, supply and cold chain stands at 315 Million doses.

Types of Vaccines:

I. Traditional Vaccines (OPV, Measles, BCG and Td)
II. GAVI Vaccines (Pentavalent, PCV, Rotavirus, IPV and TCV)
III. Campaign Vaccines (Polio, Measles Rubella and TCV)
IV. COVID Vaccine (Procurement of Government of Pakistan, local production by NIH and Donation from COVAX facility and Chinese Gratis.

2. **Federal EPI Warehouse and Vaccine Situation**

- Building ultra-cold chain capacity by deploying 141 ultra-cold chain equipment's all over the country that can hold Pfizer vaccines from -75 degrees to – 90 degrees Centigrade so that the COVID-19 Vaccines can be administered effectively.

- Implementation of CCEs by deploying all CCEOP 3,350 ILRs/SDDs and Non-CCEOP 89 WICRs/WIFRs throughout Pakistan the country to meet the cold chain gaps.
- Deployment of twenty Freezer rooms (-20C) in Major Cities as directed by NCOC for the administration of Sputnik-V vaccines.
- 315 Million doses of COVID-19 vaccines of different antigens have been received and distributed to provinces and Areas as per NCOC guidance through COVIM software.113 Million doses of MR vaccines along with dry logistics for MR Campaign have been received and distributed to provinces and areas for nationwide campaign.
- Strengthening of cold chain capacity by using JICA ($4.3 million) and COVAX ($2.5) million) funds for CCE enhancement.
- Expansion of cold storage capacity by leasing cold storage for MR and COVID
- Vaccines.
- Enhancement of dry storage capacity by expansion of warehouse in Punjab & Islamabad.
- Federal EPI warehouse is capable to store 3 months of All RI immunization Stock and 80 M doses of OPV vaccine for Polio Campaigns at one time.
- All WIFRs and WICRs are installed with web based central temperature monitoring system for 24/7 monitoring of vaccine temperatures.
- All vaccines and logistics stock is being managed through web-based Vaccine&#39s logistics information system (vLMIS).
- Currently sufficient stock of all RI, Polio as well as COVID vaccine are available at Federal EPI Warehouse.
- There isn't major stock out of vaccines and logistics during last 2 years.

3. **ADVOCACY , COMMUNICATION, SOCIAL MOBILIZATIONS , INPUTS:**

- EPI continued interacting with active contributors on its official following social media platforms.

- **Facebook**

- https://www.facebook.com/EPIPakistanOfficial

- **Twitter**

- https://twitter.com/EPIPakistan

- **YouTube**

- https://www.youtube.com/channel/UCw5_s-_LfOoDQTfCzqjf6Ow

- **Instagram**

- https://www.instagram.com/epipakistan/?hl=en

- **Website**

- www.epi.gov.pk

- World Immunization Week 24 th to 30 th April 2022 commemorated on a National level coordinated by the Federal EPI bringing onboard all EPIs and development partners. The theme for WIW 2022 was 'Long Life for All'.
- Joint EPI/PEI Synergy Framework was developed and finalized and the Advocacy,
- Communications and Social Mobilization component was incorporated into the framework.
- Annual FDI Advocacy, Communications and Social Mobilization Plan of Action for year 2022 was
  finalized and implementation started.
  - Focal Persons for Digital Media identified and notified at all provinces/areas.
  - Federal EPI implemented the Advocacy, Communications and Social Mobilization campaign for World's largest Measles Rubella Campaign from 15th to 27th November, 2021.
  - A Crisis Communications Cell was established at NEOC jointly managed by FDI/PEI staff to Monitor world's largest Measles Rubella Campaign from 15 th to 27th November, 2021. The cell
  - Successfully diffused a number of arising alarming situations.
  - The ACSM part of GAVI Full Portfolio Process was led by FDI and with physical participation at all provincial consultative processes was ensured.
  - FDI Monthly newsletter was published and circulated amongst stakeholders on monthly basis.
  - Federal EPI organized and hosted various COVID-19 handing over ceremonies with COVAX donor entities at Federal level.
  - Medical students learning visits continued at FDI.

6. Surveillance Diseases

I. **Vaccine Preventable Disease(PDs) Surveillance**
Targets of all surveillance indicators for case-based surveillance Including timeliness and completeness of reporting, completeness of Investigation, sample collection etc. were achieved and maintained at Above 80%.Sentinel site for sentinel surveillance of typhoid fever was expanded to include 4 more sites across the country. Multiple trainings of Hospital Staff on VPD surveillance were conducted across the provinces and areas to strengthen surveillance.

II. **Adverse Events Following Immunization (AEFIs) Surveillance**
Biweekly meetings of National AEFI Review Committee were conducted regularly for overseeing and analyzing the situation of AEFIs particularly in context with COVID-19 Vaccines and Mass Vaccination Campaigns for Measles-Rubella and third phase of Typhoid Conjugate Vaccination (in remaining districts of Punjab)Trainings of hospital staff of Public Sector Health facilities (across the country) engaged in providing immunization services for COVID-19were conducted Training of Private Sector Doctors and Staff on management and reporting of AEFIs was conducted in all provincial capitals Trainings of Skilled EPI staff and Orientation of medical doctors on

responding to AEFIs during Nationwide MR-Campaign were conducted across the country as a part of preparatory activities for the campaign.

III. Vaccine Related Event (VRE)Response Plan

VRE response plan was developed by third party following an assessment of the national vaccine related event response system and its functionality.

- **MR catch-up campaign conducted across country**

MR catch-up campaign conducted across Pakistan targeting 96 million 09 months to 15 years children. Coverage achieved 97% by 3rd party assessment

- **MR vaccine introduction in Routine Immunization**

After successful completion of MR Catch up campaign, introduction of MR vaccine in routine immunization was another milestone achieved across Pakistan, replacing the Measles vaccine

Key Indicators of programme performance are tabulated in the table below. A comparison of the current situation is drawn with the reference/baseline derived from the PDHS Survey.

S. No	Key Performance Indicator	PDHS 2017-18	TPVICS 2019-20	Progress as on June 30th, 2022 (Admin Data)
1.	DPT3 Coverage	75.4%	83.7%	99%
2.	Measles 1 Coverage	73%	80.6%	96%
3.	Rota Coverage	N/A	N/A	107%
4.	Decrease drop-out rate-between DTP1 and DTP3 Coverage	N/A	N/A	5%
5.	Percentage of Fully immunized Children	65%	75.3%	N/A

Data Source: PDHS 2017-18, TPVICS 2019-20, MIS and VLMIS Coverage Data- June, 2021

The Coverage figures that exceed 100% are mainly due to coverage of formerly missed children for the specific antigen and issues in target setting which have been fixed following availability of census data and age segregated figures.

- Way Forward:

- Managing cold chain and distribution of COVID-19 vaccines and ensure vaccination of all eligible population.
- Achieving equitable coverage in urban slums and poor performing districts and super high risk union councils (SHRUCs) directing additional health system strengthening grant (HSS-II) for improving RI coverage in these districts
- Measles Rubella Nationwide catch-up campaign targeting more than 90 million under 15 yrs children and introduction of MR vaccine in routine immunization
- Typhoid Conjugated Vaccines catch-up campaign for rest of the Pakistan targeting more than 5.5 million under 15 children in urban & TCV introduction in routine immunization.
- Functional management information system and uniform reporting/real time data for vaccine and child level data
- Standardized reporting system for vaccine management and coverage
- Quality Data through regular Data Quality Audits and training of data entry operators
- Refurbishment and rebranding of health facilities and EPI fixed sites
- Demand creation and developing trust of community through improved interpersonal communication of frontline workers and through perception management campaigns
- Public Private Partnership & effective engagement of CSOs
- Strengthening EPI and PEI synergy by strengthening one team approach across all tiers (Provincial/district/UC level)
- Typhoid Conjugated Vaccines catch-up campaign for rest of the Pakistan targeting more than 5.5 million 09 months to 15 years children in urban areas & TCV introduction in routine immunization.
- COVID-19 pediatric vaccination campaign targeting 32 million 5-11 years children all over the country

Chapter - 13

Brief

Health Care Services being provided through the Rural Health Facilities in Islamabad

Goal:

The overall goal of the Health Department is "to provide Preventive, Promotive and Curative health services to the rural population and Preventive, Promotive Health care to urban population in ICT". To safeguard the communities from the occurrence of emerging diseases like Dengue Fever, Bird Flu and Swine Flu and the re-emerging communicable diseases like TB, Measles and diphtheria & Covid-19 activities.

AIM:

To further improve and strengthen the quality care delivery system through construction of a net work of new health facilities and up gradation of the existing ones, e.g., a new BHU being constructed at Kirpa UC and Tarnol while a process of up gradation and renovation of 3-RHCs, 4-CHCs, 12-BHUs & 1-Dispensary is going on.

Functions

- Provision of Preventive, Promotive and Curative health services to the rural population and Preventive, Promotive Health care to urban population of ICT. Execution of different health programs/projects.(i.e. EPI, SIAs, TB Control Program, NP for FP & PHC)
- Disease out-break investigation and control
- Dengue Fever Prevention & Control Cell.
- Enforcement of Drugs ACT, 1976 and ICT Drugs rules made there under to ensure the sale of quality assured medicines in urban/rural Islamabad.
- Enforcement of Food, Hygiene & Sanitation Laws
- Enforcement of Medical Dental Degree Act 2012

Details of Additional Services being provided

- Pollen Allergy Camps
- EPI Coverage of 2021-22
- SIAs in ICT Rural
- Measles Threat perception & Response
- Dengue Fever Preventive Control
- Covid-19 activities in ICT

Quality health care provided through 03-RHCs, 04-CHCs, 12-BHUs and 1-Dispensary

Presently 03-RHCc, 05-CHCs, 13 BHUs & 01 Dispensary are functioning details of functions are as under (list attached at Annex-A)

1. **BHU Level:**
    - Curative care for common illnesses (including first aid and provision of essential medicines)
    - EPI (plus) services
    - Integrated Management of Neonatal and Childhood Illness
    - Nutrition advice/ services
    - Prenatal and postnatal care
    - Birth preparedness counselling
    - New-born care

2. **RHC Level:**

The minimum health care is being provided at this level of care is as follows:

- Curative care for common illnesses (including first aid and provision of essential medicines)
- EPI (plus) services
- Integrated Management of Neonatal and Childhood Illness
- Nutrition advice/ services
- Prenatal and postnatal care
- Birth preparedness counselling;

3. **CHC Level:**

The minimum health care is being provided at this level of care is as follows:

- Curative care for common illnesses (including first aid and provision of essential medicines)
- EPI (plus) services
- Integrated Management of Neonatal and Childhood Illness
- Nutrition advice/ services
- Prenatal and postnatal care
- Birth preparedness counselling;

4. **Performance through Rural Health facilities during up to October-2022:**

- 200,332 numbers of patients were provided health care during.
- 20,615 children under 1 year were fully immunized against EPI target Diseases.
- 16,318 numbers of women were immunized against tetanus.
- 6,942 numbers of children were given ARI treatment.
- 8,639 No. of women were registered for Pre-natal care.
- 2,027 No. of women who received at least one postnatal visit at health facilities.
- 2,145 No. of deliveries were reported at RHCs/CHCs/BHUs.
- 25,134 No. of children under one year were registered for growth monitoring.

Problems/Constraints:

- Non-availability of service structure for doctors as at par with the doctors of other federal government medical institutions under ministry of health.
- Non-availability of service structure for paramedics as at par with the paramedics of other federal government medical institutions under ministry of health.
- Non- admissibility of risk allowance for doctors and paramedical staff which is drawn by all medical employees of Federal Government Medical Institutions.
- Shortage of necessary resources
    - Acute shortage of staff due to non-filling of vacant posts and non-provision of necessary posts e.g., dental surgeon, lab technicians, MCH staff as per other provinces.
    - The infrastructure for the health services provision needs improvement, provision of human resource for optimal utilization of health facilities and at least basic utilities like water supply, electricity and sewerage must be ensured at all health facilities and associated residences.
    - Transport is an integral part of health services provision and ICT is facing shortage of ambulances for transportation/referral of patients to tertiary care hospitals.
- Non-sanction of post for RHC (Sihala), BHUs (Chirrah, Gokina & Golra Sharif), CHCs (Kirpa, Tarnol & G-13) & MNCH (Bhara Kahu).
- Non-availability of secondary level hospital in rural Islamabad.
- Non-existence of referral and feedback mechanism of patients from primary health care to secondary and tertiary health care hospitals.
- Lack of any academic for postgraduate training facilities for doctor of ICT in tertiary care hospitals of Islamabad.
- Non-availability of career advancement opportunities to doctors and paramedical staff as admissible to the doctors and paramedics working in other medical institutions like PIMS, FGPC, NIRM & FGH etc.

Development Program in ICT:

S. No.	Name of the Scheme/Project	Total Cost	Actual Exp. upto June, 2022	Allocation 2022-23
1	Establishment of 4-BHUs in ICT Islamabad.	560.400	272.445	162.951
2	Health System Strengthening of ICT Health Department to Prevent / Control Emerging Communicable Diseases in Islamabad.	263.024	81.371	170.318
3	Establishment of King Salman Bin Abdul Aziz Al Saud Hospital at Tarlai, ICT Islamabad.	2499.993	72.803	55.000
4	Up-Gradation of the Rural Health Facilities & Strengthening of the Health Department for Effective Health Care Provision.	1061.774	490.496	132.904
5	Establishment of 200 Beds Hospital (SW) in ICT Islamabad (Feasibility)	65.000	1.50	0
6	Establishment of CHC at Bari Imam in ICT Islamabad	318.092	110.000	168.092
7	Establishment of BHU at Bokra in ICT Islamabad	318.395	-	100.000
8	Establishment of BHU at Bhadana Kalan in ICT Islamabad	318.395	20.000	160.106
9	Establishment of MNCH at Gohra Shahan Humak, ICT Islamabad	207.868	25.000	182.868
10	Strengthening Mother and Child Health EmONC 24/7 Services at Bhara Kahu ICT Islamabad	242.318	72.000	169.599

Annex-A

Details of Exciting in Rural Area Islamabad (Health Department, ICT) as on 31-10-2022

S. #	Name of RHCs/CHCs/BHUs/Dispensary/Hospital	Location
Rural Health Centers:-		
1	Tarlai	Tarlai
2	Sihala	Sihala
3	Bhara Kau	Bhara Kau
Community Health Centers:-		
1	Rawat	Rawat
2	Kirpa	Kirpa
3	Tarnol2	Tarnol
4	Shah Allah Ditta	Shah Allah Ditta
5	Mahra Ako	G-13/Markaz
6	Bari Imam	Noor Pur Shahan
7	Bokra	Bokra
Basic Health Units:-		
1	Gagri	Gagri
2	Bhimber Tarar	Bhimber Tarar
3	Bhukkar	Bhukkar
4	Sohan	Sohan
5	Jagiot	Jagiot
6	Jhang Syeddan	Jhang Syeddan
7	Chirrah	Chirrah
8	Tumair	Tumair
9	Pind Begwal	Pind Begwal
10	Phulgran	Phulgran
11	Shahdra	Shahdra
12	Gokina	Gokina
13	Bhakar Akko,	Golra Sharif
14	Jhangi Syeddan	Jhangi Syeddan
15	Johad	Sara-e-Kharboza
Dispensary:-		
1	Model Town Humk	Model Town Humk
Mother & Child Health Center:-		
1	Bhara Kahu	Bhara Kahu
2	Golra Shahan	Jonajo Colony Humak
3	Bhadana Kalan	Bhadana Kalan
Hospital:-		
1	King Salman Bin Abdul Aziz Al Saud Hospital	Tarlai
2	Allama Iqbal Hospital	Tarnol

Chapter- 14

Brief background/Introduction of Regional Training Institute (RTI) Islamabad.

As Pakistan foreseeing the long term consequences of high population growth rate. A Planned Family Planning activities were introduced on continuous basis in five year plans (1955-1960). In Third five year plan (1965-70) an Independent Family Planning setup was created including seven RTIs (1966). Over the span of 40 years a total of 13 RTIs were established in all over Pakistan. All RTIs were smoothly managed by Directorate of Clinical Training under Federal Ministry of Population Welfare and same national policies and rules were applicable to all these RTI's till the devolution of Ministry of Population Welfare by 18th Amendment in December, 2010.

The present setup of RTI Islamabad started functioning in its self-owned building in 1998 under Ministry of Population Welfare till its devolution in 2010 when Islamabad Capital Territory (ICT Ministry of Interior) took it over and five year plan was approved in (2011-2016). The RTI Islamabad along with 37 posts and incumbents were transferred to Capital Administration & Development Division in June, 2012. The budget was transferred from development to non-development since 01-07-2017. After abolition of CA&DD, RTI was transferred to Ministry of National Health Services Regulations and Coordination on 22-10-2018.

Since after the pandemic prevalence of Covid-19, the Educational Institutes are closed since March, 2020 but RTI Islamabad started holding its online classes of both the regular batches of FWWs since 5th April, 2020 being the volunteer pioneer organization with a leading approach in this regard.

Vision/Objective

All the responsibilities and objectives adopted by RTI's are same as applicable before devolution, the main responsibilities of this Institute are as follows:-

- To train the manpower in Reproductive Health Services.
- Provision of clinical training and enhancing technical expertise of health personnel.
- To provide free medical care/management of minor ailments at static as well as clinical camps regularly.
- To register eligible couples of surrounding areas and to provide regular free Reproductive Health Services.

Major functions of RTI Islamabad

- A uniform curriculum is taught in all RTIs as approved with Pakistan Nursing Council, Islamabad.
- The RTI is registered with Pakistan Nursing Council, Islamabad and Nursing Examination Board, Punjab, Lahore.

The clinical training is an ongoing activity and plays a pivotal role in the Reproductive Health Sector. Regional Training Institute Islamabad caters to the training needs of the manpower needed for all Reproductive Health service delivery outlets by conducting following:-

- FWW Diploma Course. A comprehensive Family Welfare Workers Diploma course of 24 months duration including theoretical as well as practical in hospital and health centres. These in turn meet the staff requirement of Public Health Sector, family welfare centers, Reproductive Health Services Centers RHS-A and RHS-B Centers, Mobile Service Unit Population Welfare Department and Private Health Organizations including NGOs.
- Career development courses for the Programme Personnel like Assistant Sister Tutors, Family Welfare Counsellors and Family Welfare Workers.
- Three months Pre-service training to Female Family Welfare Assistants.
- Demonstration clinic in RTI is providing technical hands on training to the trainees in addition to providing services as per Reproductive Health Package both static and in clinical camps.

Other functions include

- Awareness of health education and reproductive health in general population through arrangement of walks, exhibition, camps and health talks.
- Participation in national health campaign whenever needed.

SANCTIONED STRENGTH/STAFF POSITION OF REGIONAL TRAINING INSTITUTE, ISLAMABAD.

S.No.	DESIGNATION	BPS	SANCTIONED STRENGTH	FILLED	VACANT	REMARKS
1.	Principal	19	01	-	01	
2.	Deputy Principal	18	01	01	-	
3.	Senior Instructor	17/18	02	02	-	
4.	Instructor	17	02	01	01	
5.	Sister Tutor	17	02	01	01	
6.	Administrative Officer	16	01	-	01	
7.	Accountant	16	01	01	-	
8.	Assistant Sister Tutor	14	02	01	01	
9.	Stenotypist	14	01	01	-	
10.	Projectionist	12	01	01	-	
11.	Family Welfare Counselor	11	01	01	-	
12.	Hostel Warden	11	01	-	01	Filled by attachment from DPWO Islamabad
13.	Upper Division Clerk	11	01	01	-	
14.	Lower Division Clerk	09	01	01	-	
15.	Family Welfare Worker	08	02	02	-	
16.	Family Welfare Assistant (M)	05	01	01	-	
17.	Family Welfare Assistant (F)	05	01	01	-	
18.	Driver	04	03	03	-	
19.	Naib Qasid	01	03	02	01	
20.	Cook	01	02	02	-	
21.	Chowkidar	01	02	01	01	
22.	Aya	01	02	01	01	
23.	Sanitary Worker	01	02	02	-	
24.	Mali	01	01	01	-	
	Total		**37**	**28**	**09**	

FUNCTIONS

1. **Human Resource Development through following trainings.**

A. LONG DURATION TRAININGS

i) Family Welfare Worker Diploma Course (2 years)

(Registered with Pakistan Nursing Council).

Duration 24 months (annual examination under Nursing Examination Board, Punjab Lahore.

Eligibility Female Metric (Science)/FSc (Pre Medical)

Age 15-30 years

ii) Pre Service Training

Family Welfare Assistant (BS-05)

Duration of the training 3 months

iii) Compulsory training for promotions of

a) Family Welfare Workers BS-8/9 to Family Welfare Counselor BS-11 Duration of the training 3 months

b) Family Welfare Counselor BS-11 to Assistant Sister Tutor BS-14

Duration of the training 5 months

B. SHORT DURATION TRAININGS

i. Refresher Trainings

- Refresher training on Reproductive Health Package for FWWs, FWAs, Lady Health Visitors, Midwives (5 days)

ii. Need Based Short Duration Training

- Clinical trainings on Family Planning and Reproductive Health for Women Medical Officers. (5 days).
- Orientation training of Nursing students and students of Medical Colleges. (2 days)
- Seminar for Registered Medical Practitioners/Homeopaths on contraceptive technology (1 day)

C. ADVOCACY/PUBLIC AWARENESS CAMPAIGNS

- Lectures and Health talks and group discussion

D. CURRICULUM DEVELOPMENT

Workshop/Seminar for curriculum development

Way Forward/Future Plans and Goals

In the next five year plan, Ministry of National Health Services Regulations & Coordination has to move forward to attain the Millennium Development Goals targets as well as Sustainable Development Goals. In this context, investment must be made especially in clinical training activities for the improvement of maternal/infant health to ensure that the nation reaps the benefit of demographic dividend. The clinical training of RTI directly affects to reduce the maternal mortality rate and infant mortality rates to achieve goal 4 (reduce child mortality) and 5 (reduce maternal health) of the MDGs and goal 3 of Sustainable Development Goals (i.e. ensure healthy lives and promote well-being for all at all ages).

PERFORMANCE/ACTIVITIES OF RTI ISLAMABAD DURING THE FINANCIAL YEAR 2021-22.

Type of Training	Dates	Participants
FWW Diploma Course 24 months (Regd. with Pakistan Nursing Council) (Batch No. 34) (Passed out in November, 2021) (Batch No. 35) (Batch No. 36)		 30 29 18 77
Final examination of (Batch No. 34)	16-10-2021 to 19-10-2021	
First year examination of (Batch No. 35)	16-10-2021 to 19-10-2021	
OSCE examination of (Batch No. 34 & 35)	20-10-2021 to 22-10-2021	
Training of LHWs regarding CCI recommendations for National Action Plan for alarming Population Growth in Pakistan. 2 days training on family planning and reproductive health package in collaboration with JHPIEGO.	07-09-2021 to 08-09-2021 22-09-2021 to 23-09-2021 29-11-2021 to 30-11-2021 01-12-2021 to 02-12-2021 06-12-2021 to 07-12-2021 08-12-2021 to 09-12-2021 **Total**	25 27 29 27 24 26 158

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Type of Training	Dates	Participants
One day UNFPA Seminar for updating assessment of RTI	09-12-2021	23
One day training of trainers (TOTs) by IPAS International on Safe Motherhood at RTI Islamabad.	16-12-2021	27
Two days seminar on curriculum development in PC Muzaffarabad, AJ&K.	08-10-2021 to 09-10-2021	
One day Orientation training course on Family Planning/Reproductive Health for Nursing Students of PIMS Islamabad.	05-01-2022	25
One week orientation training course of Midwives on Family Planning/Reproductive Health & Infection Prevention of Social Welfare Society, Chittian Hattian, Rawalpindi.	10-01-2022 to 14-01-2022	25
Supplementary examination of (Batch No. 33)	09-03-2022 to 12-03-2022	
OSCE examination of (Batch No. 33)	17-03-2022	
One week orientation training course of Midwives on Family Planning/Reproductive Health & Infection Prevention of Social Welfare Society, Chittian Hattian, Rawalpindi.	09-05-2022 to 20-05-2022	29
One day orientation workshop on Youth app for SRH and FP by Marie Stoops Society in RTI Islamabad.	20-05-2022	50
One day Orientation training course on Family Planning/Reproductive Health for Nursing Students of Polyclinic (PGMI), Islamabad.	24-05-2022	25

FREE CLINICAL REPRODUCTIVE HEALTH SERVICE (JULY, 2021 TO JUNE, 2022).

- General Patients managed 2247 Nos
- Family Planning Clients 2569 Nos

UTILIZATION AND ALLOCATION FOR THE FINANCIAL YEAR 2021-22.

Rs. i Million

Financial year	Allocation	Expenditure upto June, 201	% Utilization
2021-22	Rs. 36.120million	Rs.33.588 million	93%

Chapter - 15

SEHAT SAHULAT PROGRAM

For Year Book

SEHAT SAHULAT PROGRAM

MINISTRY OF NATIONAL HEALTH SERVICES, REGULATION AND COORDINATION

OFFICE # 407, 4TH FLOOR, EVACUEE TRUST COMPLEX, F-5/1, ISLAMABAD.

BACKGROUND:

Sehat Sahulat Program is a public sector funded social health protection initiative of Federal and participating Provincial and Regional Government working to provide financial health protection to targeted families against catastrophic (extra-ordinary) health care expenditure. The program is a land mark health care initiative with an objective to lead a path towards Universal Health Insurance Coverage (UHIC).

Sehat Sahulat Program is being implemented in a phased manner, starting from below poverty families and eventually targeting all families and providing coverage eventually to more than two hundred million population across Pakistan in targeted districts. As of today, the program is providing services to more than 43.58 million families (more than 150 million lives) of Islamabad Capital Territory (ICT), Azad Jammu and Kashmir (AJK), Gilgit-Baltistan (GB), district Tharparkar(Sindh), Punjab and Khyber Pakhtunkhwa (KP).

SITUATION ANALYSIS:

Globally more than 100 million people are pushed into extreme poverty due to health-related expenditures. In Pakistan major portion of all new entrant in poverty are also because of catastrophic health expenditure. Having Out-of-Pocket (OOP) expenditure on health of more than 60% and one out of every three living in extreme poverty, Pakistan has been ranked as one of the most exposed nation to poverty risk among 43 countries of Asia-Pacific region. To address the challenge, Sehat Sahulat Program is designed to provide financial health protection not only to poor families to bring them out of poverty but also to families above poverty line in order to protection them from falling into poverty. At current level of maturity, the program is providing financial protection for indoor health care coverage only.

ADMINISTRATION AND FINANCING:

In Federal Government the program is managed under the administrative control of Ministry of National health Services, Regulations and Coordination and currently financed through PSDP. In each participating province (Punjab and Khyber Pakhtunkhwa) the program is managed by health department with different source of financing.

BENEFIT PACKAGE AND EXCLUSIONS:

Sehat Sahulat Program only provide services to families which requires indoor health care services. The services include, but not limited to, cardiac treatments (stents, open heart, valvular replacement etc), oncological (cancer) management, burn management, organ failure management (dialysis etc), complication of diabetes mellitus, accident / trauma management, neurosurgical procedures, abdominal surgeries, fracture management and other medical & surgical interventions. Detailed benefit package with financial limits is placed in **Annex-A**.

The program so far does not offer facility for transplant (kidney or liver) or implants (cochlear and other) and other general exclusions list for health insurance such as self-inflicted injuries, cosmetic surgeries, out patient services, take home medicines, sports injuries etc.

BENEFICIARY DATA BASE:

For the identifying families living below poverty line, the Sehat Sahulat Program is using National Socio-Economic Registry (NSER) of BISP. The families are those having threshold of PMT 32.5 and below. The data is verified using NADRA support.

For the identification of universal families, Sehat Sahulat Program is using NADRA database. Permanent resident families are identified using permanent address on CNIC while families are identified using B form information. Transgender and Disabled information is also extracted using NADRA database.

PANELED HOSPITALS

Sehat Sahulat Program has a wide network of mor than 1040 paneled hospitals across Pakistan. Beneficiary from any districts can avail treatment from any of these paneled hospitals.

MONITORING:

The primary responsibility for monitoring at the project level is providing supplementary review, technical oversight, coordination and quality assurance while having a stringent monitoring system through Centralized Management Information System (CMIS) is being used to monitor the program activities in real time. The program also enjoys a high level of client satisfaction rate of more than 97%. This satisfaction rate has been assessed by NADRA as a third-party monitor. Call center of NADRA calls discharged patients / beneficiary and gets their feedback on specially designed questionnaire to assess their satisfaction from program services. Personnel of NADRA call center are also trained on the program benefits so that their quality feedback calls can be used to improve service delivery to the beneficiaries.

FINANCING:

In Sehat Sahulat Program each participating province (Punjab and Khyber Pakhtunkhwa) is contributing / paying health insurance premium for its respective covered families. However Federal Government on one hand provide finances for program implementation ICT, AJK, GB, Tribal districts of KP and Tharparkar district (Sindh) and on other head play its coordination role in defining benefit package and provide technical support to provinces for program implementation.

HELP LINE NUMBER & 8500 SERVICES:

A toll-free number 0800-09009 has been developed by State Life for comments, suggestions and complaints. Any beneficiary with complaint can call the toll-free number and file its complaint. The complaint is be posted on the CMIS of SSP for review and follow-up.

A SMS service of 8500 has enabled all Pakistani individuals to check their beneficiary status by texting their CNIC numbers to 8500.

CURRENT COVERAGE STATUS:

Sehat Sahulat Program is providing services to more than 43.58 million families (more than 150 million lives). Below is the status of beneficiaries in Sehat Sahulat Program for each province and region.

Province / Region:	Current Status	Families Covered
Islamabad	Universal	261,526
AJK	Universal	1,460,457
GB	Below Poverty and Universal	401,965
Punjab	Below Poverty and Universal	31,493,788
Khyber Pakhtunkhwa	Universal	9,602,873
Balochistan	NIL	-
Tharparkar (District)	Universal	361,444
Rest of Sindh	NIL	-
Total:		**43.58 Million Families**

Annex A: Benefit Package Per Family

Benefit Package:	First Level and Tertiary Level Health Care Services Package included in Essential Packages of Healthcare Services (EPHS) & beyond
Services Offered:	Only Hospitalization Services (Required inpatient & day care)

Coverage Limits		
Package Classification:	**High Cost - Priority Care Coverage**	**Low Cost - Secondary Care Coverage**
Basic Coverage:	Rs: 400,000 / family / year	Rs: 60,000 / family / year
Excess of Loss Coverage	Rs: 200,000 / family / year	Rs: 40,000 / family / year
Reserved Fund	Rs: 300,000 / family / year	
Total Coverage:	Rs:1,000,000 / family / year	

Benefit Package	
High Cost - Priority Care Coverage	**Low Cost - Secondary Care Coverage**
Package H-1: Cardiac Treatment / Management **Package** H-2: Diabetes complications Treatment / Management **Package** H-3: Burns, Accident, Trauma and Emergency Treatment / Management **Package** H-4: Organ Failure Treatment / Management **Package** H-5: Cancer Treatment & Management, Autoimmune Diseases / Disorder Treatment & Management, Blood Disease / Disorder Treatment & Management **Package** H-6: Chronic Infection Complications Treatment / Management **Package** H-7: Neuro-Surgical Treatment / Neurological Management **Package** H-8: Rheumatology / Orthopedic / Musculoskeletal Treatment & Management **Package** H-9: Corrective Procedures for Disabled and Artificial Limbs Placement **Package** H-10: Renal Transplant	**Package** L-1: Medical Procedures / Treatment, not covered in high-cost packages **Package** L-2: Surgical Procedures / Treatment Package, not covered in high-cost packages **Package** L-3: Maternity services Management Package **Package** L-4: Planned Parenthood / Birth Spacing Package **Package** L-5: Post Abortive Care Package **Package** L-6: Services for Blood Transfusion for admitted patients only, including transfusion cost, cost of a blood bag, cross-matching, screening, excluding the cost of blood.

BRIEF

FEDERAL MEDICAL COLLEGE (FMC)

Introduction:

Federal Medical College (FMC), Islamabad is the first public sector medical college in the capital city of Pakistan. The College after inspection by Pakistan Medical & Dental Council (PM&DC) on 28th March, 2011 was initially awarded recognition for the degree of MBBS for 50 seats only. However, subsequently after re location to NIH premises this award was enhanced to 100 seats after due completion of PM&DC rules & regulations.

Upon devolution of Ministry of Health (defunct) on 29th June, 2011, the college was transferred to Capital Administration & Development Division (CADD) and later on, it was again transferred to Cabinet Division on 28th October, 2011. FMC was again transferred to Capital Administration & Development Division (CADD) on 31st October 2016 and later on again it was transferred to Ministry of National Health Services, Regulations & Coordination, Islamabad on 19th September, 2018.

The campus of Federal Medical College (FMC) was established and inaugurated by the then Prime Minister on 27th February, 2012 at Chak Shahzad, Islamabad in a borrowed building of Federal Drugs Surveillance Laboratory (FDSL) in the premises of National Institute of Health (NIH), Islamabad.

The College was shifted from Chak Shahzad to another building of National Council of Social Welfare at Al-Farabi Centre, Hanna Road, G-8/4, Islamabad, in December, 2017.

After promulgation of Federal Medical Teaching Institutes (FMTI) Act, 2021 the status of Federal Medical College (FMC) has changed and come under the purview of Board of Governors, Federal Medical Teaching Institutes (FMTI).

Vision:

The college envisions being a leading national medical college excelling in medical teaching, learning and research. FMC aspires to deliver comprehensive medical education and training portfolio to undergraduate medical students with three integral roles, namely, medical education, advancement of knowledge and health services to our society.

Mission:

FMC aims at promoting the development of medical sciences through the pursuit of excellence in medical education and health service delivery, nationally and internationally. The teaching staff has world-class expertise. We believe that all students should reap the benefit of their expertise, right from the first year. The staff is geared to

provide patient-centered, learner-focused knowledge / training on evidence based decisions in line with vision and mission of FMC.

Targets, Goals and Functions:

The institute will cater to students from all over Pakistan, with seats reserved for all the provinces as per approved government quota.

Federal Medical College (FMC) will induct 100 MBBS students every year. The Pakistan Institute of Medical Sciences (PIMS) is the main affiliated 1200 bedded teaching hospital; however, additionally another hospital (Federal General Hospital) has been upgraded at NIH to a 200 bedded facility to provide for more clinical learning opportunities for the students.

Staffing Position:

S. No.	Name of Post	BS	No of Sanctioned Posts	Filled	Vacant
1	Principal	20	01	00	01
2	Professor	20	06	03	03
3	Associate Professor	19	06	03	03
4.	Assistant Professor	18	10	08	02
5	Deputy Director (Admin)	18	01	00	01
6	Demonstrator	17	42	33	09
7.	Pharmacist	17	01	01	00
8.	Statistical Officer	17	01	00	01
9.	Lecturer Islamiyat	17	01	01	00
10.	Lecturer Pak Studies	17	01	01	00
11	Physical Instructor	17	01	01	00
12	Research Officer		01	01	00
13	Protocol Officer	17	01	00	01
14	Admin Officer	17	01	01	00
15	Accounts Officer	17	01	01	00
16	Superintendent	17	01	01	00
17	Assistant Private Secretary	16	02	00	02
18	IT Assistant	16	01	01	00
19.	Assistant Library	16	02	00	02
20	Assistant Warden (Boys / Girls Hostel)	16	02	02	00
			83	**58**	**25**
21	Assistant	16	03	03	00
22	Transport Assistant	14	01	01	00
23	Computer Operator	14	07	07	00

S. No.	Name of Post	BS	No of Sanctioned Posts	Filled	Vacant
24	Technician	12	03	03	00
25	Cashier	09	01	00	01
26	Junior Technician	09	07	07	00
27	LDC	09	02	02	00
28	Store Keeper	07	02	01	01
29	Curator of Museum	07	02	02	00
30	Electrician	07	01	01	00
31	Plumber	05	01	01	00
32	Driver	05	09	09	00
33	Dispatch Rider	05	01	01	00
34	Naib Qasid	02	01	01	00
35	Lab Attendants	02	18	18	00
36	Security Guard	02	12	11	01
37	Cook (Male / Female)	02	04	04	00
38	Bus Conductor	02	03	03	00
39	Gardner	02	02	02	00
40	Dishwasher	01	02	02	00
41	Sanitary Workers	01	06	06	00
			88	85	03
		TOTAL	171	143	28

Activities:

100 seats per year have been allocated for admissions in MBBS at Federal Medical College (FMC). Every effort was taken to ensure transparency and addressing concerns in induction of students at FMC, in accordance with Pakistan Medical Commission (PMC) rules and regulations.

The following activities have been carried out during 2021-22.

i) 11th batch of 100 MBBS students has been enrolled in the session 2021-22 and the academic activities are going on.
ii) 03 Afghan students have been admitted through Higher Education Commission (HEC) scholarship.
iii) First, Second, Third, Fourth & Final Professional MBBS annual examination of 1st year, 2nd year, 3rd year, 4th year & 5th year were held in December, 2021 / March, 2022.
iv) First, Second, Third, Fourth & Final Professional MBBS supplementary examination of 1st year, 2nd year, 3rd year, 4th year & 5th were held in June, 2022.

Achievements:

1. Admission

100 seats per year have been allocated for admissions in MBBS at Federal Medical College. Every effort was taken to ensure transparency and addressing concerns in induction of students at FMC; in accordance with PMC rules and regulations. Seats allocated to students according to approved quota are given below:-

• Merit	06
• Punjab	38
• Sindh R	09
• Sindh U	06
• KPK	09
• Balochistan	05
• Gilgit Baltistan	02
• FATA	02
• AJK	02
• ICT	10
• FGE	09
• Disabled	02
	100

Currently eleven (11) batches of MBBS students have been admitted in the College.

2. NLE Examination by Pakistan Medical Commission (PMC)

In the year 2022, Pakistan Medical Commission (PMC) conducted NLE examination for medical / dental students in which top five (05) positions were taken by Federal Medical College (FMC) students obtaining the highest NLE score of 97.6% in the twin cities.

3. Google Accounts

Around 550 Google accounts were created for all MBBS students of Federal Medical College (FMC), Islamabad.

4. Establishment of Departments & Faculties

FMC is fully aware of its leadership role and responsibility in standardizing undergraduate medical education and promoting a culture of medical research to eventually improve and optimize health care facilities in the country. The Basic Medical Sciences at FMC includes the following departments:

- Department of Anatomy
- Department of Physiology
- Department of Biochemistry

- Department of Pharmacology
- Department of Pathology
- Department of Community & Public Health Sciences
- Department of Forensic Medicine & Toxicology

3. Teaching Hospitals

The Pakistan Institute of Medical Sciences (PIMS) is the main affiliated hospital; however, additionally another hospital (Federal General Hospital) has been upgraded at NIH to a 200 bedded facility to provide for more clinical learning opportunities for the students.

4. Established Laboratories/ Dissection Hall/ Library

The college has established proper laboratories for each department to carry out the practical's of the students.

A library has been established to facilitate the study of the students and provide the latest books for reference. Furthermore a dissection hall has also been established to facilitate the practical work in the field of medical education.

5. Website

A website of the College has been launched for facilitation of the public and also to share the activities of the college. Through our website proper information is given so that there is ease of access without visiting the College campus. The website can be visited at www.fmdc.edu.pk.

Chapter -17



SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY

Website: www.szabmu.edu.

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Background

The year 2021-2022 was the one that saw the after-effects of the COVID-19 pandemic and yet the medical community rose above its norms and remained committed to service, dedication, and philanthropy beyond its line of duty. SZABMU despite being in its early years of founding rose to the challenge and worked relentlessly in these pressing times. SZABMU continued its services in teaching, research, and patient care.

Modular Curriculum completed its five years and with faculty reviews changes suggested by them were incorporated, to make it in line with the modern system of teaching. The Assessment System was made more robust by introducing different methods for Formative and Summative assessment. This Year School of Dentistry (a project of SZABMU funded by HEC) took its second batch in March 2022.

Higher Education Commission with its team visited the University in October 2022 and spent three days in the university. All department and constituent hospitals were visited and comprehensive feedback was given. The deficiencies suggested by them were rectified within three months' time and the report was presented to the Executive Director of HEC who gave a well done to the university.

SZABMU Small Group Discussions and Problem-Based Learning methods for undergraduates helped medical students learn leadership and take responsibility for their own learning. For postgraduate Competency and Outcome-Based teaching, systems helped the student compete in international environments. TOACS, OSPE, and structured evaluation of short and long cases were given more importance.

SZABMU established the ORIC Department with a full-time Director and assistant director. The research will remain the primary focus of the University. The University established an e-portfolio for Postgraduate Residents. Soon the University will establish its own Learning Management System.

The University has the unique privilege of being the first Public Sector University for getting the accreditation from American Heart Association (AHA) for BLS and this year, the University also received accreditation for ACLS. More than 2500 postgraduate and undergraduate students have been trained for Basic Life Support so far.

SZABMU launched its Emergency Medicine Foundation Program in collaboration with the Royal College of Emergency Medicine UK in October 2021. The will participants complete the training in October 2022 and in November the President Royal College of Emergency Medicine visited SZABMU and give certificates to the passing candidates. The trainees after completion of EMFP can go for further training in the UK and will be given PLAB exemption and registration in the GMC.

SZABMU in collaboration with the Faculty of Edge Hill University, UK, completed its one-year Diploma in Research. National and International faculty groomed the future leadership in research and statistics.

SZABMU has started its 3rd Certificate Course in Health Professions Education. The course had representatives from all parts of the country.

SZABMU completed a Clinical Trial of recombinant RBD-dimer protein subunit vaccine. The organizers and staff were presented a Certificate of Excellence by the Ministry of Health.

The foundation stone of the University campus had been laid and new Postgraduate programs like MSPH was also launched this year.

INTRODUCTION

Shaheed Zulfiqar Ali Bhutto Medical University Islamabad was established through an Act of Parliament on 21st March 2013. The Vice-Chancellor was appointed by the Chancellor–President of Pakistan, on the recommendation of the Search Committee on 7th January 2014. The Pakistan Institute of Medical Sciences (PIMS) Islamabad is the constituent Hospital of Shaheed Zulfiqar Ali Bhutto Medical University. PIMS is the country's premier Post Graduate Medical Centre since 1988. In March 1990 CPSP also recognized institute programs for FCPS training etc. In 1996 PIMS was declared as the attached department of the defunct Federal Ministry of Health. In 2004, PIMS was up-gradated to a postgraduate medical teaching institute by the Government of Pakistan. The Shaheed Zulfiqar Ali Bhutto Medical University offers Structured Residency Training Programs in 32 disciplines of Medicine, Surgery & Dentistry. Moreover, M. Phil. and Ph. D. programs are being offered in Basic Medical Sciences as well.

The University is offering structured residency training programs in clinical disciplines which are exit qualifications equivalent to international medical qualifications like FRCP, MRCP, Diplomat American Boards, etc., and fully registered with PMC, after obtaining these qualifications, doctors are eligible to be appointed as medical faculty/consultant in hospitals.

The University has a College of Nursing, School of Nursing, and College of Medical Technology where graduate and postgraduate courses are offered. SZABMU is also offering a Ph.D. program in Molecular Biology. The management of the university has plans to establish four departments which include the Institute of Basic Medicine, Institute of Clinical Sciences, Department of Medical Education, and Department of Dental Education. Currently, two departments i.e. Institute of Basic Medicine and the Department of Medical Education are functional. The remaining two departments will be established soon.

OUR MISSION

The mission of Shaheed Zulfiqar Ali Bhutto Medical University is to be a premier research-intensive medical university that will educate medical students, paramedics, and postdoctoral fellows in accordance with international professional standards.

OUR GOALS

To advance national health through teaching, research and service; foster innovation, to build and bring about fresh, creative solutions that address the health needs of the Pakistani society. To attract the best and brightest minds and train them as future national and international leaders, and in setting standards of excellence among faculty, staff and to recruit, retain, nurture and promote those who represent the best in the country.

Registrar Office

The activities conducted by the Registrar office of SZABMU are as follows:

No of meeting	Meeting	Date Of Meeting
Senate Meetings		
01	3rd Meeting of Senate	25th August, 2021
02	4th Meeting Senate	18th March 2022
Syndicate Meetings		
01-	20th Meeting of Syndicate	27th July, 2021
02-	21st Meeting of Syndicate	11th November 2021
03-	22nd Meeting of Syndicate	28th February 2022
04-	23rd Meeting of Syndicate	18th May 2022
Academic Council		
01-	37th meeting Academic Council	25th June, 2021
02-	38th meeting Academic Council	20th September, 2021
03-	39th meeting Academic Council	29th December, 2021
04-	40th meeting Academic Council	21st February, 2022
05-	41st meeting Academic Council	10th May, 2022
Advanced Studies and Research Board		
1-	83rd meeting of AS&RB	24th June, 2021
2-	84th meeting of AS&RB	29th July, 2021
3-	85th meeting of AS&RB	26th August, 2021
4-	86th meeting of AS&RB	30th September, 2021
5-	87th meeting of AS& RB	28th October, 2021
6-	88th meeting of AS&RB	25th November, 2021
7-	89th meeting of AS&RB	30th December 2021
8-	90th meeting of AS&RB	27th January 2022
9-	91st meeting of AS&RB	22nd February 2022
10-	92nd meeting of AS&RB	17th March 2022
11-	93rd meeting of AS&RB	28th April 2022
12-	94th meeting of AS&RB	26th May 2022
Selection Board		
01-	35 Selection Board	10th August, 2021
02-	36 Selection Board	11th August, 2021

Admission

Sr. no	Program	Intake (session 2021-2022)
1.	MS	18
2.	MD	15
3.	MDS	5
4.	MBBS	400
5.	BDS	184
6.	DPT	145
7.	AHS	243
8.	POST RN	168
9.	BS Generic	504

Examination Department

The activities conducted by the Examination office of SZABMU are as follows:

MBBS Examination

Department of Examination successfully conducted the Annual examination of MBBS from 1st professional to 5th Professional, in which 2000 candidates appeared.

BDS Examination

Department of Examination successfully conducted the Annual examination of BDS from 1st professional to 4th Professional, in which 800 candidates appeared in the exam.

MDCAT

Department of Examination successfully conducted the MDCAT examination in November 2022. In which 21,650 candidates appeared.

Nursing, AHS, DPT Entry Test

Department of Examination successfully conducted the entry test of nursing, allied health sciences, and DPT for its constituent and affiliated colleges. More than 10,000 candidates appeared in the test.

Post-Graduate Exams Part-1

Department of Examination successfully conducted part 1 examination for 34 different specialties in 2021 and 2022.

Post-Graduate Exams Part-2

Department of Examination successfully conducted part 2 examination of Postgraduate trainees in 34 different specialties in 2021 and 2022.

MPhil and Ph.D. entry test

Department of Examination successfully conducted MPhil and Ph.D. entry tests.

Quality Assurance Department (QAD)

The activities conducted by the QAD of SZABMU are as follows:

Institutional Performance Evaluation (IPE) Visit

The IPE visit of HEC panel was conducted on October 20-22, 2021 for the first time since the inception of SZABMU to review the quality of education.

Workshop on Self-Assessment Report (SAR) preparation

QAD SZABMU organized a workshop on self-assessment report preparation in October 2021.

Post Graduate Program Review (PPR)

SZABMU was selected by the Quality Assurance Agency of HEC to conduct Post Graduate Program Review among 40 other universities of Pakistan in January 2022.

Submission of year wise program report to HEC

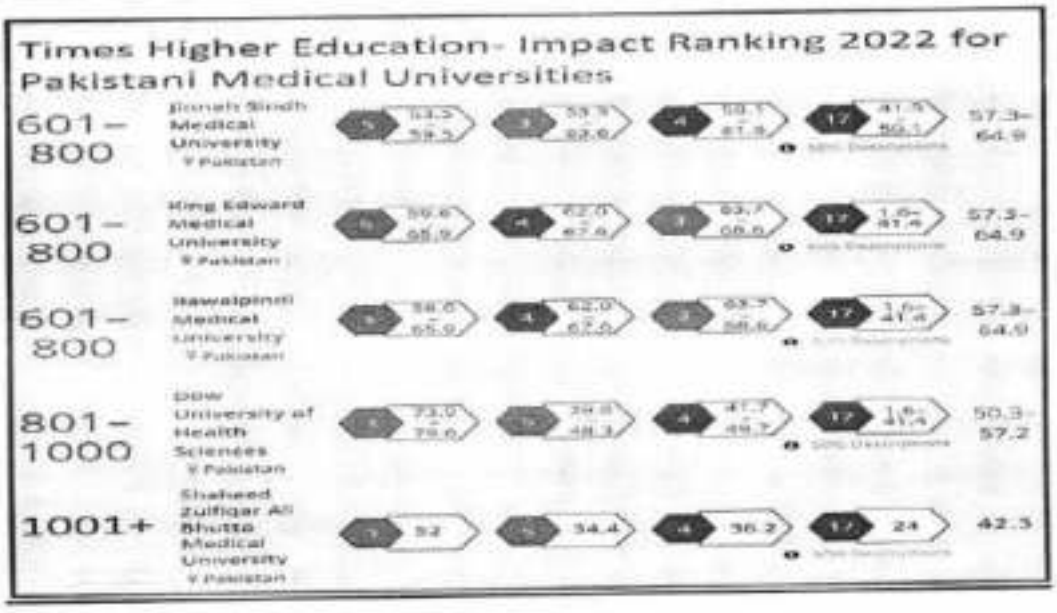
Year-wise progress report 2020-21 of SZABMU was submitted to HEC in September 2021, following the template provided by HEC.

UNESCO SZABMU Joint Seminar

QAD SZABMU organized a joint seminar with UNESCO on the Role of Open Science in Medicine to eradicate communicable and non-communicable diseases. The program was chaired by Prof. Tanvir Khaliq, Vice Chancellor, SZABMU. Prof. Shahbaz Khan (Director of UNESCO Beijing and Rep to China, DPRK, Japan, Mongolia and Republic of Korea) and Prof. Zabta K. Shinwari T.I., S.I., (UNESCO Laureate, Prof. Emeritus, Quaid-i-Azam University, Islamabad-Pakistan,) were the Chief guests and the session was moderated by Dr. Syeda Kiran Riaz, (Deputy Director, QAD; Assistant Professor, SZABMU).

Participation in Times Higher Education World Impact Ranking

SZABMU is now rated among the top 5 medical universities of Pakistan and QAD, SZABMU is striving to enhance the quality of education to raise the ranking of SZABMU at national and international level.



Department of Medical Education

Department of Medical Education started its third batch of Certificate in Health Professions Education; 20 members were registered for the course. The teaching sessions were facilitated by national and international faculty.

The Emergency Medicine Foundation Program (EMFP) completed its one-year program in November 2022. President Royal College of Emergency Medicine Dr. Adrian Boyle and Consultant A&E Prof. Ayaz Abbasi visited Pakistan in December 2022 and delivered lectures at international conference on emergency medicine conducted by SZABMU.

Mandatory Workshops for MS/MD/MDS Trainees

Department of Medical Education has conducted multiple workshops for MS/MD/MDS students on Research Methodology, computer and internet skills, communication and surgical skills.

Start of the third batch of CHPE

DME started its third batch of Certificate in Health Professions Education. The faculty members enrolled in program were trained in Educational leadership, Professionalism Curriculum Planning, Assessment, teaching methodologies, and Program evaluation in addition to other miscellaneous topics.

Workshop on Trauma

DME SZABMU organized a workshop on Trauma facilitated by Dr. Waseem a renowned orthopedic surgeon from the United Kingdom. Students of emergency medicine and general surgery participated in the workshop.

Awareness Symposium on Drug Abuse

One day symposium was held in the syndicate room of SZABMU to create awareness about the menace of drug addiction by famous Psychiatrist Prof Rizwan Taj.

Combined Workshop of Rawalians and EMFP SZABMU Students

Renowned consultant Prof. Ayaz Abbasi took a combined session of RMC and SZABMU EMFP students. He discussed with them the important scenarios of medical emergencies and their management.

Orientation Session with Dr. Bilal Malik

DME SZABMU organized an orientation session regarding PLAB and MRCP exams of final year medical students of FMC with Dr. Bilal Malik who is also one of the examiners of PLAB. He gave insight to the students about the preparation and books to read.

Office of Research Innovation and Commercialization (ORIC)

Office of Research, Innovation & Commercialization of SZABMU is approved by HEC. Department of ORIC has organized following activities.

1st ORIC Steering Committee Meeting

The first meeting of the ORIC Steering Committee of Shaheed Zulfiqar Ali Bhutto Medical University was conducted on Friday, June 10, 2022. The meeting was attended by members from both academia and industry.

Workshop on Grant Writing for Ph.D. Faculty of SZABMU

Dr. Yasir Waheed, Director ORIC SZABMU conducted a training session on "Grant Writing" for the faculty members of SZABMU.

Workshop for Dental Faculty

The Department of ORIC organized a workshop for the faculty of School of Dentistry. Dr. Yasir Waheed Director ORIC SZABMU delivered a lecture on "How to start a valuable Research Project?"

Seminar on Mental Health

The Department of ORIC SZABMU Organized a seminar on Mental Health for all the faculty, students, and staff. Prof. Dr. Rizwan Taj HoD Psychiatry PIMS and Dr. Asma from the Psychiatry department PIMS delivered the lecture and highlighted the importance of mental health.

Seminar on Reproductive Health

The Department of ORIC SZABMU Organized a seminar on Reproductive Health at Federal Medical College Islamabad.

Attending Seminar on World Patient Safety at COMSTECH

Faculty and postgraduate residents of SZABMU attended World patient safety day at COMSTECH, Islamabad.

International Anti-corruption Day

SZABMU celebrated anti-corruption day. Vice Chancellor Prof. Tanwir Khaliq delivered a lecture and have interactive dialogue on anti-corruption with faculty and staff of SZABMU.

Seminar on Entrepreneurship

SZABMU ORIC conducted a seminar on entrepreneurship for its students & faculty.

Research Publications

Faculty of Shaheed Zulfiqar Ali Bhutto Medical University is actively doing research and publishing it in top tier international journals including New England Journal of Medicine, The Lancet, Lancet Global Health etc. The official journal of SZABMU named Annals of PIMS is also recognized by HEC & PMDC. List of latest international research publications by SZABMU faculty is shown in Table 1.

Table 1: Research papers published by SZABMU Faculty.

Sr#	Publication Title	Journal Name
1.	Protective and proliferative effect of Aesculus indica extract on stressed human adipose stem cells via down regulation of NF-κB pathway.	PLOS ONE
2.	Curcumin preconditioning enhances the efficacy of adipose-derived mesenchymal stem cells to accelerate healing of burn wounds.	Burns & Trauma
3.	Effect of MHC Linked 7-Gene Signature on Delayed Hepatocellular Carcinoma occurrence.	J Personalized Medicine
4.	Targeted Inhibition of FGFR1-GLI through AZD4547 and GANT61Modulates Breast Cancer Progression.	Frontiers Cell Devel Bio
5.	Comparison of different molecular subtypes with 14% Ki-67 cut-off threshold in breast cancer patients of Pakistan- An indication of poor prognosis.	Archives of Iranian Medicine
6.	Increased YAP1 expression is significantly associated with breast cancer progression, metastasis and poor survival.	Future Oncology,
7.	Dysregulation of core circadian genes, BMAL1 and CLOCK, in colorectal cancer	Bio Rhy Res
8.	Metadherin (MTDH) overexpression significantly correlates with advanced tumor grade and stages among colorectal cancer patients.	Molecular Biology Reports
9.	Expression of HK2, PKM2, and PFKM Is Associated with Metastasis and Late Disease Onset in Breast Cancer Patients.	Genes
10	Genomic analysis of Chryseobacterium indologenes and conformational dynamics of the selected DD-peptidase.	Res Microbiol
11	Genome sequencing and analysis of genomic diversity in the locally transmitted SARS-CoV-2 in Pakistan.	Transbound Emerg Diseases
12	In silico screening, SAR and kinetic studies of naturally occurring flavonoids against SARS CoV-2 main protease.	Arab J Chem.
13	Isolation of phytochemicals from Malva neglecta Wallr and their quantum chemical, molecular docking exploration as active drugs against COVID-19.	Journal of Saudi Chemical Society
14	Efficacy and Safety of the RBD-Dimer-Based Covid-19 Vaccine ZF2001 in Adults.	New England Journal of Medicine
15	Epidemiology, Clinico-Pathological Characteristics, and Comorbidities of SARS-CoV-2-Infected Pakistani Patients.	Frontiers cellular infection micro
16	Dysregulated claudin expression significantly effect breast cancer disease progression.	Journal of Cancer Research
17	Next-generation whole exome sequencing to delineate the genetic basis of primary congenital glaucoma.	Scientific reports
18	Phenolic and flavonoid contents in Malva sylvestris and exploration of active drugs as antioxidant and anti-COVID19 by quantum chemical and molecular docking studies.	Journal of Saudi Chemical Society
19	De novo and bi-allelic variants in AP1G1 cause neurodevelopmental disorder with developmental delay, intellectual disability, and epilepsy.	The American Journal of Human Genetics
20	Biallelic variants in TMEM222 cause a new autosomal recessive neurodevelopmental disorder.	Genetics in medicine
21	Child-Pugh Score, MELD Score and Glasgow Blatchford Score to Predict the In-Hospital Outcome of Portal Hypertensive Patients Presenting with Upper Gastrointestinal Bleeding:	Journal of Clinical Medicine
22	Towards specie-specific ensemble vaccine candidates against mammarena viruses using optimized structural vaccinology pipeline and molecular modelling approaches.	Microbial Pathogenesis
23	Vaccinomics-Aided Development of a Next-Generation Chimeric Vaccine against an Emerging Threat: Mycoplasma genitalium.	Vaccines
24	Novel idea about the peristaltic flow of heated Newtonian fluid in elliptic duct having ciliated walls.	Alexandria Engineering Journal
25	Dimensions of Lumbar Spinal Canal in subjects with and without low back pain.	Pakistan J Medical & Health Sciences

26.	Insightful facts on peristalsis flow of water conveying multi-walled carbon nanoparticles through elliptical ducts with ciliated walls.	Frontiers in Physics
27.	Effects of heat and mass transfer on stagnation point flow of micropolar Maxwell fluid over Riga plate.	Scientia Iranica
28.	Whole exome sequencing identified a novel splice donor site variant in interleukin 2 receptor alpha chain.	Immunogenetics
29.	Clinical and genetic characterization of patients segregating variants in KPTN, MINPP1, NGLY1, AP4B1, and SON underlying neurodevelopmental disorders.	International J Develop Neuro
30.	A novel nonsense variant in EXOC8 underlies a neurodevelopmental disorder.	Neurogenetics
31.	Exome sequencing reveals the first intragenic deletion in ABCA5 underlying autosomal recessive hypertrichosis.	Clinical Exp Dermatology
32.	Reproduction of Fine Details and Compatibility of Vinyl Polysiloxane Impression Materials.	Coatings
33.	Work-Related Musculoskeletal Disorders and Their Associated Risk Factors among Pakistani Dental Practitioners: A Cross-Sectional Study.	BioMed Research International
34.	Validation and Reliability Testing of the Child Oral Impacts on Daily Performances (C-OIDP): Cross-Cultural Adaptation and Psychometric Properties in Pakistani School-Going.	Children
35.	Physico-Mechanical Properties of Commercially Available Tissue Conditioner Modified with Synthesized Chitosan Oligosaccharide.	Polymers
36.	World Facing the latest variant of Concern--Omicron.	Ethiopian Journal of Health Sciences
37.	Teledentistry awareness, its usefulness, and challenges among dental professionals in Pakistan and Saudi Arabia.	Digital Health
38.	Comparison of the Hardness of Novel Experimental Vinyl Poly Siloxane (VPS) Impression Materials with Commercially Available Ones.	BioMed Research International
39.	Dimensional changes of commercial and novel polyvinyl siloxane impression materials following sodium hypochlorite disinfection.	PeerJ
40.	Mode of transmission of COVID-19, Oral Manifestations, Precautionary Measures/Clinical Strategies and Treatment Considerations in dentistry.	Pakistan J Medical and Health Sciences
41.	Improved water absorption behaviour of experimental hydrophilic vinyl polysiloxane (VPS) impression materials incorporating a crosslinking agent and a novel surfactant.	Dental Materials
42.	Effects of hospital facilities on patient outcomes after cancer surgery: an international, prospective, observational study.	Lancet Global Health
43.	Elective surgery system strengthening: development, measurement, and validation of the surgical preparedness index across 1632 hospitals in 119 countries.	The Lancet
44.	In silico screening, SAR and kinetic studies of naturally occurring flavonoids against SARS CoV-2 main protease.	Arabian Journal of Chemistry
45.	SARS-CoV-2 infection and venous thromboembolism after surgery: an international prospective cohort study.	Anaesthesia
46.	Effects of pre-operative isolation on postoperative pulmonary complications after elective surgery: an international prospective cohort study.	Anaesthesia
47.	Dynamics of hemogram and biochemical parameters in COVID-19 patients and their implication-A single-center prospective study in tertiary care hospital Islamabad, Pakistan.	International J lab hematology

Future Goals

Shaheed Zulfiqar Ali Bhutto Medical University plans to starts following program in future.

1. Masters in Health Professions Education
2. M.Phil. in Physiology and Pharmacology
3. Educational Leadership Program in Collaboration with Edge Hill University
4. ATLS and PALS
5. Student Selective Components
6. PhD in Dental Sciences, Biochemistry, and Biotechnology
7. Diploma in Infection Prevention and Control in collaboration with WHO
8. Certificate course in Patient Safety in collaboration with NHS&RC

List of Constituent and Affiliate Colleges/Institutes

Sr. No	Colleges/Institutes	Status
1	Shaheed Zulfiqar Ali Bhutto Medical University	Constituent
2	Federal Medical College	Constituent
3	School of Dentistry	Constituent
4	College of Nursing, PIMS	Constituent
5	School of Nursing, PIMS	Constituent
6	College of Medical Technology (CMT), PIMS	Constituent
7	Federal Government Polyclinic Hospital, Islamabad	Affiliated
8	College of Nursing Federal Government Polyclinic, Islamabad	Affiliated
9	Capital Hospital (CDA)	Affiliated
10	National Institute of Health (NIH)	Affiliated
11	National Institute of Rehabilitation Medicine (NIRM)	Affiliated
12	HBS Medical College (HBSM&DC)	Affiliated
13	HBS Dental College (HBSM&DC)	Affiliated
14	Rawal Medical College	Affiliated
15	Rawal Dental College	Affiliated
16	Rawal College of Nursing & Allied Health Sciences	Affiliated
17	Islamabad Medical College (IM&DC)	Affiliated
18	Islamabad Dental College	Affiliated
19	Islamabad Nursing College & Allied Health Sciences	Affiliated
20	Yusra Institute of Rehabilitation Sciences, Islamabad	Affiliated
21	Prime Institute of Health Sciences, Islamabad	Affiliated
22	Bashir Institute of Health Sciences, Islamabad	Affiliated
23	Institute of Health & Management Sciences, Islamabad	Affiliated
24	Islamabad Institute of Health Sciences, Islamabad	Affiliated
25	NCS Institute of Sciences, Islamabad	Affiliated
26	Pak Institute of Health Sciences, Islamabad	Affiliated
27	AMAN Medical Institute, Islamabad	Affiliated
28	PHR Institute of Health Sciences, Islamabad	Affiliated
29	DAKSON Institute of Health Sciences (Nazar College of Physiotherapy)	Affiliated
30	COMWAVE Institute of Sciences & Information Technology	Affiliated
31	Nova Institute of Modern Studies	Affiliated

Programs offered in Constituent and Affiliate Colleges/Institutes

Sr.	Level	Programs offered
01	Undergraduate	MBBS, BDS, DPT, Post RN, BS. Generic, BS. MLT, BS. MIT, BS. Anesthesia Technology, BS. Optometry, BS. Dental Hygiene, BS. Emergency & ICU, BS. Cardiac Profusion.
02	Postgraduate	MS, MD, MDS, M.Phil, Diploma in speech and language therapy, MPH, diploma in research and Biostatistics.
03	PhD	Molecular Biology

Chapter 18

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YEAR BOOK (2021-22)



HEALTH SERVICES ACADEMY

GOVERNMENT OF PAKISTAN

Ministry of National Health Services, Regulation & Coordination

Islamabad

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1. Health Service Academy

The Health Services Academy (HSA) was established in 1988 to provide short training courses to in-service public health practitioners & professionals. Health Services Academy in collaboration with International Partners launched one year MPH Programme in 1995 for capacity building of health professionals from all over Pakistan. Health Services Academy was avowed autonomous in 2002 through an Ordinance. Over the years, it has established itself as the premier research & teaching institution of public health. Today, it is the only institution that offers PhD in Public Health in Pakistan. It also offers FCPS, MS in Public Health, M.Sc in Health Economics & Management & a PG Cert Human Resource in Health. The Academy remains committed to strengthen the capacity of public health professionals by excellence in teaching, research, and policy advice.

Health Services Academy Restructuring Act, 2018 was published on 24th May, 2018 to provide for restructuring of health services academy as a degree awarding institute in order to provide it autonomy while improving governance and management thereof so as to enhance quality of higher education in the country. Health Services Academy is mandated as follows.

- to provide for instruction and training in health including animal sciences, technology and other allied disciplines in such manner as it considers appropriate so as to produce competent, imaginative, skilled and committed health professionals, doctors, scientists and experts;
- to hold examinations and to award and confer degrees, diplomas, certificates and other academic distinctions to and on persons who have been admitted to and have passed its examinations under prescribed conditions;
- to provide policy advice on public health, research, health education and related discipline to Federal Government as deemed appropriate by the Government or HSA from time to time; and

2. Objectives

The objectives of the institution are to:

i. Produce competent, committed and skilled public health professionals.
ii. Discover and disseminate new knowledge in the field of public health.
iii. Assist in the translation of the knowledge into sound evidence-based policies and practices.
iv. These objectives will be realized by adhering to institutional values, such as a merit based system, transparency, and quality, to be implemented through a multidisciplinary team, networking and a sustainable institutional infrastructure.

3. Functions

HSA has the following functions as per Act of Parliament (2018):

i. to provide for instruction and training in health including animal sciences. technology and other allied disciplines in such manner as it considers appropriate to produce

competent. imaginative. Skilled and committed health professionals. doctor; scientists and experts:

ii. to undertake joint investigation and collaborative research in the field of health sciences, biomedical technology and other allied disciplines:

iii. to provide assistance to health and allied professions. institutions and organizations in Pakistan and abroad through expert advice, consultations. institutional consonances and in any other manner as it may deem fit.

iv. to promote, contact and establish linkages with national and international institutions and other academic. research and development organizations in Pakistan and abroad for effective discharge of its functions and responsibilities;

v. to pursue and make provisions for research, innovations, inventions, demonstration s and other services as it may deem fit;

vi. to print. publish and circ lore parodical, journals, magazines and books and disseminate scientific, technological and other related knowledge and information conducive to the attainment of any of the objectives of the HSA;

vii. to prescribe courses of studies in health sciences, biomedical technology and other allied disciplines and to decide reaching methods and strategies in order to ensure the most effective educational and training progmmme;

viii. to establish field demonstration areas, laboratories, museums and other facilities for training, education and research;

ix. to affiliate or associate itself with other institutions and to establish faculties in Pakistan or abroad for effective discharge of its functions;

x. to enter into agreements, contracts and arrangements with organizations. institutions. bodies and individuals for the purpose of carrying out its functions and activities;

xi. to provide for education and scholarship in such branches of knowledge as it ma), deem fit and to make provision for research, service to society and for the application, advancement and dissemination of knowledge in such manner as it may determine:

xii. to prescribe courses of studies to be conducted by rt and the colleges;

xiii. to hold examinations and lo award and confer degrees. diplomas, certificates and other academic distinction to and on persons who have teen admitted to and have passed its examinations under prescribed conditions;

xiv. to prescribe the terms and conditions of employment of the officer; teachers and other employees of the HSA and to lay down terms and conditions that may be different from those applicable to Government servants in general.

xv. to engage. where necessary, persons on contract of specified duration and to specify the terms of each engagement;

xvi. to confer honorary degrees or other distinctions on approved persons in the manner prescribed;

xvii. to provide for such instruction for persons not being students of the HSA at it may prescribe and to grant certificates and diplomas to such persons;

xviii. to institute programmes for the exchange of students and teachers between the HSA and other universities- educational institutions and research organizations. inside as well as outside Pakistan;

xix. to prov de career counselling and job search services to students and alumni;

xx. to maintain linkages with alumni;

xxi. to develop and implement fund-raising plans;

xxii. to provide and support the academic development of faculty of the HSA;

xxiii. to confer under prescribed conditions degrees on persons who have carried on independent research;

xxiv. to affiliate and disaffiliate educational institutions under prescribed conditions

xxv. to inspect colleges and other educational institutions affiliated or seeking u affiliation with it;

xxvi. to accept the examinations passed and the period of study spent by students of the HSA at other universities and places of learning equivalent to such examinations and periods of study in the HSA, as it may prescribe and to withdraw such acceptance;

xxvii. to co-operate with other universities. public authorities or private organizations, inside as well as outside Pakistan, in such manner and for such purposes as it may prescribe;

xxviii. to institute professorships5 associate professorships, assistant professorships and lectureships and any other posts and to appoint persons there to;

xxix. to create posts for research, extension, administration and other related purposes and to appoint persons thereto;

xxx. to recognize selected members of the teaching 'staff of affiliated colleges or educational institutions admitted to the privileges of the HSA or such other persons as it may deem fit, as HSA teachers;

xxxi. to institute and award financial assistance to students in need, fellowships, scholarships, bursaries, medals and prizes under prescribed conditions;

xxxii. to establish teaching departments, schools, colleges, faculties, institutes, museums and other centers of learning for development of teaching and research and to make such arrangements or their maintenance, management and administration as it may prescribe;

xxxiii. to provide for the residence of the students of the IISA and the colleges, to institute and maintain halls of residence and to approve or license hostels and lodging;

xxxiv. to maintain order, discipline and security on campuses of the HAS and the colleges;

xxxv. to promote extracurricular and recreational activities of students and to make arrangements for promoting their health and general welfare:

xxxvi. to demand and receive such fees and other charges as it may determine;

xxxvii. to make provision for research, advisory or consultancy services and with these objects to enter into arrangements with other institutions, public or private bodies, commercial and industrial enterprises under prescribed conditions;

xxxviii. to enter into, carry out, vary cancel contracts;

xxxix. to receive and manage property transferred grants and contributions made to the HSA and to invest any fund representing such property, grants, bequests, trusts, gifts, donation, endowment or contributions in such manner as it may deem fit;

xl. to provide for printing and publication of research and other works;

xli. to provide policy advice on public health research, heath education and related discipline to Federal Government as deemed appropriate by the Government or HSA from time to time; and

xlii. to do all such other acts and things' whether incidental to the powers aforesaid or not, as may be expedient in order to further objectives of the HSA as a place of education learning and research.

4. Staffing position

The details of staffing positions at HSA are given the Table 1 and Table 2.

Table 1 Details of Sanctioned Strength (as of October 2021)

S.no	Post	BPS	Sanctioned Strength	Filled	Vacant
1	Executive Director	21	1	0	1
2	Director	20	1	1	0
3	Associate Professor	19	3	2	1
4	Assistant Professor	18	7	3	4
5	Deputy Director (Admin)	18	1	1	0
6	Deputy Director (Finance)	18	1	1	0
7	Assistant Director	17	1	0	1
8	Instructor/Research Officer	17	4	1	3
9	Admin Officer/Superintendent	17	1	1	0
10	Assistant Account Officer	17	1	1	0
11	Finance Officer	16	1	0	1
12	Assistant Librarian	16	1	0	1
13	Stenographer/APS	16	2	2	0
14	Steno-typist	14	1	1	0
15	Assistant	15	1	1	0
16	Computer Operator	16	1	1	0
17	Upper Division Clerk	11	2	2	0
18	Lower Division Clerk	9	2	1	1
19	Driver	5	3	1	2
20	DMO	5	1	1	0
21	Dispatch Rider	5	1	1	0
22	Naib Qasid	2	3	3	0
23	Frash	1	1	1	0
24	Sanitary Worker	1	2	2	0
25	Chowkidar	1	3	2	1

Table 2 Sanctioned Strength, aggregated by BPS (as of October 2021)

BPS	Sanctioned Strength	Filled	Vacant
21	1	0	1
20	1	1	0
19	3	2	1
18	9	5	4
17	7	3	4
16	5	3	2
15	1	1	0
14	1	1	0
11	2	2	0
9	2	1	1
5	5	3	2
2	3	3	0
1	6	5	1

5. Achievements

5.1. Degree programs and diploma

HSA has added two new degree programs and 28 new postgraduate diplomas and 51 short courses in year 2021-22.

5.1.1. Bachelor of Science in Public Health (04 years)

HSA launched BS Public Health (PSPH) program in Fall 2021. The BSPH program envisions excellence in public health teaching, training, and capacity building through providing a lifelong skill set focusing on health healthcare innovation and critical thinking. The orientation of the pioneer batch was conducted in early October 2021. BSPH students are already engaged in different trainings and awareness sessions organized by multiple international and national organizations, and academic institutes.

5.1.2. Bachelor of Science Midwifery (04 years)

Through joint efforts of UNFPA and HSA, a four-year degree program on another important pillar of public health "BS-Midwifery" was launched on 24th May 2022. This program in close liaison with UNFPA will bring out the best graduates taught by internationally qualified faculty at HSA.

5.1.3. Pharma Courses by HSA

Health Services Academy (HSA) Islamabad is the only institution in Pakistan that has offered professional online courses to the growing pharmaceutical Sector of Pakistan, in the fields of Sales, Marketing, Pharma Ethics, etc. The valuable courses were started in July 2021, up till now it has completed different courses on:

- Pharmaceutical Business Management

- Pharmaceutical Product Management
- Field Sales Management
- Professional Medical Representative Certification course
- Pharmaceutical Selling Skills

Recently HSA added the "Medical Representative Induction Program" and "Certificate in Sterile Processing of Surgical Instruments" course. Participants from different companies of Pakistan, UAE, and Sri Lanka have availed these online courses. Some of the leading companies of Pakistan have also benefitted their field force from these courses.

5.2. Memorandum and letter of understanding with national and international organizations

HSA is establishing strong and long-standing collaborations with national and international institutions around the world; many MoUs (memorandum of understanding) and LoUs (letter of understanding) have been signed in year 2021-22. Fostering new partnerships and consolidating old ones is an ongoing activity of HSA. HSA has signed MoUs and LoUs with the following organizations in year 2021-22.

5.2.1. Ethics and Compliance in Healthcare

On Aug 09, 2021, an MoU was signed between Novonordisk Pakistan and HSA along with collaboration with Danish Embassy to jointly work on pharmaceutical ethics, non-communicable diseases and public health strengthening in Pakistan.

5.2.2. Pakistan Institute of Living and Learning (PILL)

An MoU was signed between Pakistan Institute of Living and Learning (PILL) and HSA on 3rd February 2022 in Islamabad. Strong research ties between both the organizations would generate quality research on mental health, design way forward for joint conferences and robust advocacy on national level.

5.2.3. SPHeRE

On the way to establish world class local and international linkages in the domain of public health, HSA signed an agreement with Services for Public Health and Research (SPHeRe) on 11th March 2022.

5.2.4. Nutrition International

Nutrition International and HSA signed an MoU on 15th March 2022, to promote nutrition education, research, and capacity building of students & professionals in a concerted manner.

5.2.5. Islamic University in Uganda

In February 2022, HSA engaged COMSTECH Secretariat Islamabad to join hands with Islamic University in Uganda (IUIU) for joint initiatives. Under the "Resource Linkage Programme" Islamic Development Bank (IDB) and OIC will provide HSA the financial support in addition to HSA's own technical resources to ultimately buckle up 12 African Universities in the field of Public Health.

5.2.6. COMSTECH and HSA joining hands for Public Health

COMSTECH and HAS signed a LoU to collaborate in the areas of teaching, research, knowledge transfer, and exchange of information with the focus to achieve shared aims and objectives.

5.2.7. Social Protection Resource Center (SPRC)

HSA signed a letter of understanding with SPRC on April 26, 2022 on the lines of private public partnership to promote social protection in Pakistan. Both the organizations will work together on joint research projects, academic events in HSA, community intervention and capacity building.

5.2.8. The Eastern Law Firm

An MoU signing ceremony between Health Services Academy and The Eastern Law Firm (TELF) for the launch of diploma course on subject "Medical Jurisprudence & Forensic Sciences" was held on 13th May 2022 at the TELF Islamabad chambers. Through this health-law collaboration, a new dimension of public health was activated.

5.2.9. Greenstar Social Marketing Pakistan

Towards building purposeful linkages with organizations having mutual interests, Health Services Academy (HSA) synergized with Greenstar Social Marketing Pakistan (Guarantee) Limited (GSM) on 19th May 2022. GSM is a social enterprise, established to improve the sexual and reproductive health of people of Pakistan by increasing choices and access to quality modern family planning methods and contraceptives. Both the institutions agreed to activate research and development in Mother and Child Health, especially the Family Planning.

5.2.10. Trans-continental Pharma

Trans-Continental Pharma Pvt. Ltd. (TCP) is Khyber Pakhtunkhwa's largest Hospital Management provider dedicated to consulting and hospital solutions. TCP and HSA signed an MoU on June 08, 2022 and agreed to collaborate in future projects/programs/activities: technical support in operationalization of public private partnership health facilities, health and other surveys, capacity building of human resource, public health education, medical audits, research activities, monitoring & evaluations, to name a few.

5.2.11. Laurea University of Applied Sciences, Espoo, Finland.

On 23rd June 2022, an MoU was signed between Laurea University of Applied Sciences, Espoo, Finland and HSA on various areas of mutual benefit. With the signing of this transnational agreement, students and faculty from both sides will be engaged on different activities within the areas of teaching, research and training.

Table 3 Total MoUs and LoUs signed in 2021-22

	Signed
MoUs	8
LoUs	3
Total	11

6. Key activities

6.1. Academic programs

Health Services Academy Restructuring Act, 2018 was published on 24th May, 2018 to provide for restructuring of health services academy as a degree awarding institute in order to provide it

autonomy while improving governance and management thereof so as to enhance quality of higher education in the country.

HSA offers PhD, Masters(MS) and Bachelors (BS) degree programs. Total number of students enrolled in these programs for year 2021-22 is provided in Table 4.

Table 4 Enrolment in degree programs, 2021-22

	BS	MS	PhD	Grand Total
Spring 2021	-	32	-	
Fall 2021	34	117	-	
Spring 2022	-	121	40	
Total	34	238	40	312

HSA has expended the BS program to BS in Health Economics and Management and BS Midwifery. New batches in these degrees will be enrolled in Fall 2022.

6.2. Online diploma/courses enrollments

HSA offers online postgraduate and diplomas and short courses. HSA online courses adopts to the labor market skills requirement and adds new diplomas/courses when needed. In year 2021-22, HSA added 28 new postgraduate diplomas and 51 short courses. The breakdown of students enrolled in year 2021-22 is given in Table 5.

Table 5 Enrolment in online diploma/courses, 2021-22

	Students enrolled
Postgraduate diploma	291
Short courses	7
Total	298

Students who have completed diplomas and courses are given in Table 4.

Table 6 Completed online diploma/courses, 2021-22

	Students
Postgraduate diploma	98
Short courses	7
Total	298

6.3. Research

The research department is contributing towards basic and applied research in the field of public health. Research projects focusing on health system strengthening, social health protection, maternal and childcare, reproductive health and mental health are in progress.

HSA also holds 'Annual Public Health Conference' that brings together researchers from all over Pakistan to present their work and contribute to evidence-based policies. The 12th annual public health conference for year 2022 is scheduled on 1st and 2nd November.

HSA publishes Pakistan Journal of Public Health (PJPH). PJPH is a forum for the presentation and promotion of new initiatives and research in public. It invites all members of the public health domain for the exchange of ideas, views, concepts, epidemiological data and research findings. PJPH published Volume 12 Issue 02 in June 2022.

6.4. Trainings and workshops

6.4.1. Stop TB and AMR Awareness

As part of the AMR awareness week, HSA collaborated with WHO to organize a Sensitization and Capacity building of Family Physicians for Prevention and Control of Emerging Public Health Risk of AMR. The workshop was a specialized two-day training sessions conducted on 5th and 6th October 2021.

6.4.2. Mid-level Managers' training for Polio Eradication Initiative (PEI) Staff at the HAS

Expanded Program on Immunization (EPI) in collaboration with World Health Organization (WHO), United Nations International Children's Emergency Fund (UNICEF), Health Services Academy (HSA), and Govt. of Pakistan, organized a 5 days Mid-Level Managers (MLM) training for Polio Eradication Initiative (PEI) Staff at the HSA premises. The senior management of the collaborating partners inaugurated the training on 7th February 2022 and it was completed on 11 February 2022.

6.4.3. National Training of Trainers (ToT) on Covid-19 Vaccination

HSA in support with partners including Federal Expanded Program on Immunization (EPI), Global Health Department (GHD), Eastern Mediterranean Public Health Network (EMPHNET) and Ministry of National Health Services, Regulations & Coordination (MoNHSR&C) organized a National Training of Trainers Covid-19 Vaccination on 23rd February 2022 at Islamabad.

6.4.4. National Workshop on Maternal Mortality, April 01, 2022.

HSA and National Institute of Population Studies (NIPS) completed the first round of in-depth analysis of the Pakistan Maternal Mortality Survey 2019 data, focusing on risk factors associated with maternal mortality; determinants of induced abortions; causes and risk factors of stillbirths; caesarean section rates and the profile of women going through a caesarean section operation; health services utilization. A national workshop was arranged to present the findings from the in-depth analysis.

6.4.5. Workshop on Strengthening Capacity for Research Review

On 29th June 2022, a hybrid workshop on "Strengthening Capacity for Research Peer Review" was organized by Riphah International University and Health Research Advisory Board in collaboration with Health Services Academy, University of West London, City University, Imperial College London and BMJ.

6.4.6. Consultative Workshop on Development of National Oxygen Therapy Guidelines for Children

To address concerns and instructional gaps in providing oxygen therapy to new-borns in Pakistan, Health Services Academy (HSA), in collaboration with Pakistan Pediatrics Association (PPA) and UNICEF, held a National Consultative Dialogue on Draft National Oxygen Therapy Guidelines for Children on 3rd April 2022 in Islamabad. The dialogue was

attended by leading Pediatricians of Pakistan representing all the provinces and Gilgit Baltistan.

A two-day national training workshop for the oxygen therapy guidelines was conducted for pediatricians in Islamabad on 10-11th June 2022 at HSA.

6.4.7. Strategic Plan 2022-2026 for Lady Health Workers

HSA, UNICEF and Health Population Think Tank (HPTT) jointly held a consultative discussion for designing "Strategic Plan 2022-2028 for Lady Health Workers (LHWs): A step towards strengthening in Pakistan" in Murree on 27th June 2022.

6.4.8. Two-day course on Health and Hospital Management

COMSTECH and Health Services Academy, arranged a 2-day training course on health and hospital management on 21st and 22nd June 2022 at COMSTECH headquarters in Islamabad. A large turnover of healthcare professionals participated in the course. Dignitaries from HSA, COMSTECH, WHO, University of Manitoba (Canada) and Healthcare Sector spoke to the participants about different metrics of efficient healthcare systems and trained them to play an active and effective role after in their healthcare profession.

7. Budget Details

Year	Non-Development (GoP Grant) (July, 2021 - June,2022)				Development PSDP (Two Projects) (July, 2021 - June,2022)			
	Allocation	Released	Utilized	Surrendered	Allocation	Released	Utilized	Surrendered
2021-22	6.058	6.058	6.058	-	165	123.971	96.937	68.063

8. Way forward

Health Services Academy became the first-ever degree awarding institute (DAI) of public health sciences in Pakistan in 2018. It was established as an in-service training institution in 1988 by the Ministry of Health and was granted status of an autonomous institution in 2002. After the 18th amendment in the constitution of Pakistan, HSA was placed under the Ministry of National Health Services Regulation and Coordination.

Since its beginning the academy has been making great efforts to excel in meeting human resources needs of public health. Over the years HSA has succeeded in establishing itself as an institute of higher learning and research in niche areas of New Public Health.

The academy offers degree programs and diplomas and short courses and has official Pakistan Journal of Public Health. There have been numerous publications by the faculty in the leading journals. The Annual Public Health Conference has become a regular feature of HSA and public health fraternity for the last 10 years.

The HSA has collaborations with numerous national and international organizations. With the award of the DAI status the Health Services Academy is now positioned to play a pivotal role and continue its journey to become a regional centre of excellence in Public Health. The HSA endeavours to continue as a national hub of public health knowledge transfer and policy advice. With the dedication, commitment and hard work of all the faculty, officers and staff, and continued encouragement and support of the Ministry of National Health Services Regulation and Coordination, HSA would continue to lead in field of Public Health education and research in Pakistan.

Chapter-19

PAKISTAN NURSING COUNCIL,

BACKGROUND AND LEGAL STATUS OF PNC

The Pakistan Nursing Council is an autonomous, regulatory body constituted under the Pakistan Nursing Council Act 1973. Initially PNC was established under the Central Nursing Ordinance Act 1948. The said Ordinance was repealed by Pakistan Nursing Council Act, 1952. Under National Assembly legislation the existing PNC Act 1973 was passed on 9th February 1973. PNC Act 1973 empower PNC to register (license) Nurses, Midwives, Lady Health Visitors (LHVs) and Nursing Auxiliaries to practice in Pakistan.

MISSION

Pakistan Nursing Council is a vibrant regulator in the health care delivery system of the country. PNC is dedicated to provide support for the professional development and competencies of those who study Nursing, Lady Health Visitors and Midwifery Courses. PNC monitors the nursing educational institutes for implementation of national standards in Nursing, Lady Health Visitors and Midwifery education and practice. PNC provides Registration and supervise continued educational opportunities for registered professionals.

OBJECTIVES OF PNC

The objective of PNC is to standardize internationally to the nursing profession in Pakistan and to ensure safe delivery of quality nursing services in the health care system of Pakistan, adequate production of nurses and supporting resources for nursing education & practice and to monitor and evaluate nursing training institutions and NEBs to bring it at par with the international standards.

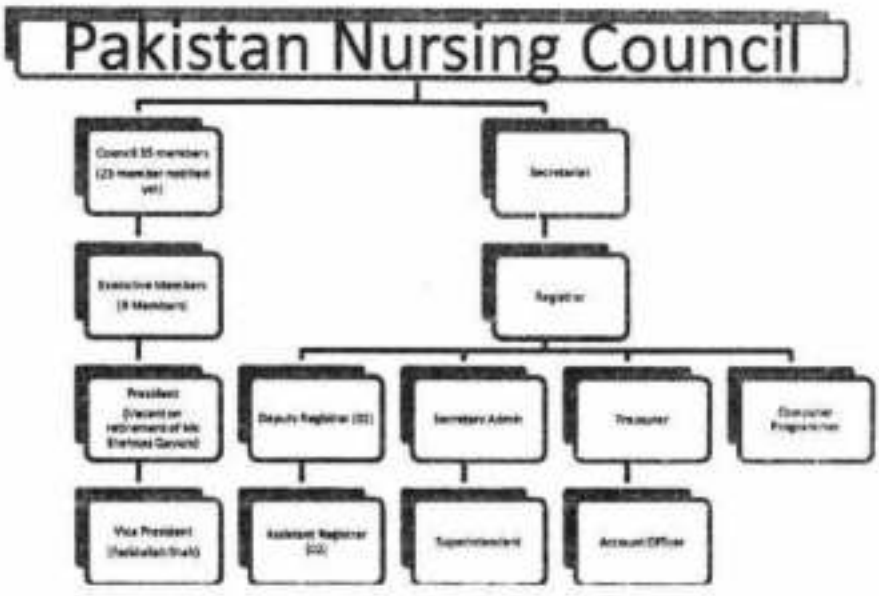
production of nurses and supporting resources for nursing education & practice and to monitor and evaluate nursing training institutions and NEBs to bring it at par with the international standards.

FUNCTIONS

The following are the key functions of the Pakistan Nursing Council:-

- Sets the curriculum for the education of Nurses, Midwives, CMW, LHVs & FWWs and Nursing Auxiliaries.
- Inspects educational institutions for approval based on established standards.
- Maintains standards of education and practice
- Maintains an advisory role for the Federal and provincial Governments regarding nursing education and nursing services
- Works closely with the four provincial Nursing Examination Boards (NEBs), HEC and Universities
- Provides registration (license) to Nurses, Midwives, CMW, LHVs & FWWs and Nursing Auxiliaries.
- Communicates policy decisions regarding nursing education and the welfare of nurses, taken in Council meeting, to nursing institutions, NEBs and Armed Forces Nursing Services for implementation.
- Prescribes penalties for fraudulent registration by intention of pretense, and removes person from the register for professional misconduct.

STAFFING POSITION:-



Total Sanctioned positions = 29

PNC is dedicated to provide support for the professional development and competencies of those who study Nursing, Lady Health Visitors and Midwifery Courses. Some key statistics with regarding to educational activities being regulated by the Council are as follows.-

NURSING EDUCATION PROGRAMS

Diploma Programs (After 10 year of Schooling)

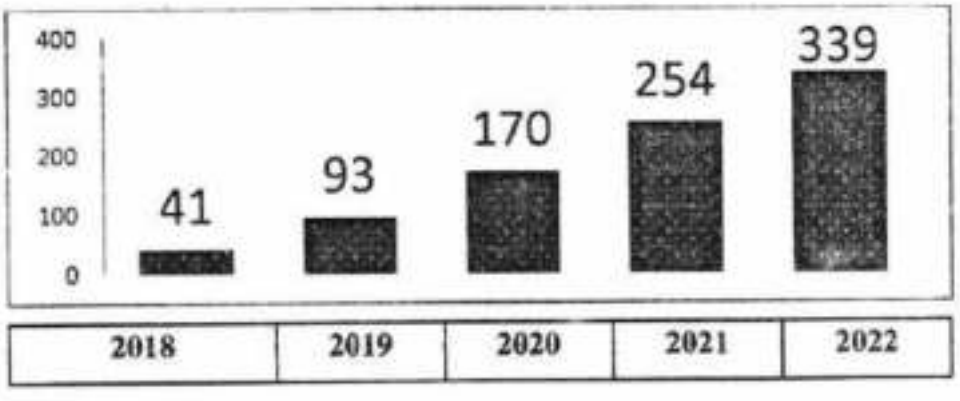
➢ General Nursing (Phase out by 2018)(RN)	03 years
➢ Midwifery (RM, 4th Year)	01 year
➢ Lady Health Visitor (LHV)	02 years
➢ Certified Nursing Assistant (CNA)	02 years
➢ Community Midwifery (CMW)	02 years
➢ Family Welfare Worker (FWW)	02 years

Degree Programs (After 12 years of Schooling)

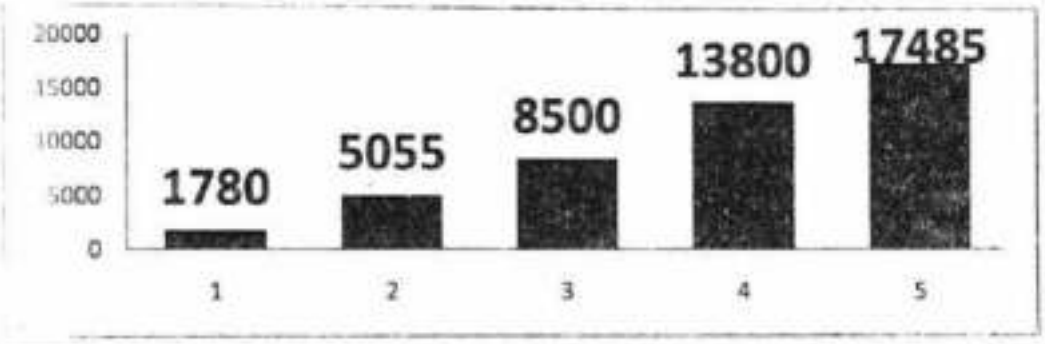
➢ Generic Bachelor of Science in Nursing (GBSN)	04 years
➢ Post Registered Nurse Bachelor of Science in Nursing (Post RN BSN)	02 years
➢ Post Registered Nurse Bachelor of Science in Midwifery (Post RN BSM)	02 years
➢ Master of Science in Nursing (MSN)	02 years
➢ PhD in Nursing	03 Years

Establishment of Nursing Institution

By Year 2018-2022



Capacity increase in Degree Program By Year 2018-2022



2018	2019	2020	2021	2022

STATISTICAL REPORT 2022

REGISTERED NURSING PROFESSIONALS STATISTICS

Nurses, Lady Health Visitors Midwives, Community Midwives, Registered Certified Nursing Assistant, Registered Family Welfare Worker as on July 2022

Category	Count
Registered Nurses (RN)	100,125
Registered Lady Health Visitors (LHV)	18,918
Registered Midwives (RM)	17,918
Registered Community Midwives (CMW)	8,504
Registered Certified Nursing Assistant (CNA)	1,166
Registered Family Welfare Worker (FWW)	1,999
Grand Total:	147,875

STATISTICAL REPORT 2022

REGISTERED NURSING PROFESSIONALS STATISTICS

Degree holder i.e. Generic BSN, BSN (Post RN), Master in Nursing (MSN), PhD

Category	Frequency
Post RN BSN (02 Year Degree)	9504
BSN (04 Year Degree)	5655

Master of Science in Nursing (MSN)	570
Master in Public (MPH)	451
PhD	10
Total	**16,190**

Initiatives Taken by PNC

- Nursing education from diploma to degree and PhD level
- Enforce all the provincial Secretary Heath to post the head of nursing institute among the nursing cadre.
- Revision of curricula for degree/diploma Programs
- Random Inspections of Institution to improve quality education.
- NEST Scholarship for Nursing Degree program (BSN 868, MSN 119, PhD 13)
- Online Registration System
- Faculty Registration
- Online Pre registration
- Collaboration with HEC to well defined policies
- Undergraduate and Postgraduate nursing programs
- Resolution of long awaiting issues of nurses equivalencies and educational sequence.
- Focus on the resolution of Fast Track BSN (in process).
- Revision of Curriculum of degree program
- Development of the nursing education collaboration with HEC
- Online Kacheri for Nursing Professional to address their issues.
- Overseas Facilitation Desk for overseas nurses to address their issues.
- Addressing Nursing issues through PMDU.

COLLABORATIVE INITIATIVES WITH INTERNATIONAL/NATIONAL ORGANIZATIONS

- World Health Organization (WHO)
  - Digitalization of PNC Institution system.
  - Development of video conferences system in PNC
  - Renovation of PNC Conference room in PNC
- International Labour Organization (ILO)

- Decent work place project for Nurse
- UNFPA
  - Strengthen the Midwifery Education in Pakistan
- Pathfinder International Pakistan
  - FWW and LHV curriculum
- Jhpiego
  - Support in assessment of PC-1 for Nurses
- ICN-WECA
  - Free online CPD courses for Nurses.

CHALLENGES IN PARADIGM SHIFT OF NURSING EDUCATION

- Un preparedness of nursing institutes for BS Nursing program
- Shortage of Nursing Faculty.
- Drainage of experience faculty from public sector
- Low salary package and lack of carrier advancement.
- Under staff Nursing and Midwifery workforce in public sector
- Encouragement and supporting Female nurses in Nursing Education.
- Education and Clinical practice alignment
- Opportunities in Nursing
  - The nurses role has changed, as education requirement needed to practice successfully in this new era have increased and opportunities have expended for nurses to assume executive and leadership role.
  - Academia advancement in different degree programs
  - Career development
  - Expended program capacity through a public nursing University.
  - Transformation of education switching diploma to degree program.
- Identification of areas for strengthening at PNC
  - ✓ Strengthen PNC inspections
  - ✓ Formulate uniformed curricula for MSN and PhD programs
  - ✓ Strengthening clinical teaching and supervision
  - ✓ Research and quality assurance

BUDGET AND FINANCE

Pakistan Nursing Council generates its own revenue through receipt of followings fees and takes no budgetary grant in aid from Federal Government. The details of receipts are as under:-

- Registration/License fee.
- Renewal of Registration/License fee.
- Verification of Registration/License fee.
- Application fee of new institutions.
- Recognition fee of the institutions.
- Inspection fee of the institutions.

ONGOING ACTIVITIES, SPECIAL INITIATIVES,

- Revision of curriculums.
- PNC and WHO initiated training of Nursing Educators to overcome the experts educators deficiency (in progress, currently in Sindh Karachi).
- PNC requested to WHO for development of Curriculum for Master and Bachelor in Public health degree program (in process).
- Licensure examination for Registration of BSN graduates (in progress)
- Training/workshops for Inspectors

ACHIEVEMENTS AND PROGRAM

- Conversion of Diploma program to degree program.
- Establishment of Colleges of Nursing (BSN) with all recognized Medical Colleges
- Conversion of Post Basic Specialty Diploma into Degree (01 year Oncology and Cardiology Diploma is to be converted into 02 years Post Basic Oncology/Cardiology Degree).
- Eliminating gender discrimination from Nursing education.
- Council was formed and for the first time notified in the Gazette of Pakistan.
- NEST 1300 Scholarships for Nurses for BSN, MSN and PhD programs.
- Free online Continue Professional Development (CPD) program for Nurses and midwives with the coloration of WCEA &ICN
- To strengthen procurement department; PPRA rules have been implemented.
- Making of uniform rules and regulations for provincial nursing examination boards.

- Online Registration system was established and developed on sound footing to facilitate the Nursing professional at their doorstep.
- Computerization of Nursing educational institutional record.
- Computerization of Nursing educational Faculty Registration.

(FOUZIA MUSHTAQ)
Registrar, PNC

- Free online Continue Professional Development (CPD) program for Nurses and midwives with the coloration of WCEA &ICN
- To strengthen procurement department; PPRA rules have been implemented.
- Making of uniform rules and regulations for provincial nursing examination boards.
- Online Registration system was established and developed on sound footing to facilitate the Nursing professional at their doorstep.
- Computerization of Nursing educational institutional record.
- Computerization of Nursing educational Faculty Registration.

Minimum Requirements for the Establishment of Pharmacy Institutions

The Council has developed minimum requirements for the establishment of pharmacy educational institution for which inspection schedule has been framed with due diligence.

Visit 1: 1st comprehensive inspection prior to first admission of the students for granting NOC.

The terms of reference for inspection are to check the:

- Suitability of the premises for educational purpose.
- Availability of required infrastructure and physical facilities for first two professional years.
- Availability of required educational resources including curriculum, books, journals, faculty and supporting staff.
- Adequacy and funds available and policy for financial accountability.
- The team shall submit report to PCP highlighting their observations in this context. If found everything in order the PCP will issue an NOC. If there are deficiencies the PCP, after review, will communicate them to the institution concerned for compliance. The issuance of NOC will depend on satisfactory compliance/ rebuttal thereof.

Visit 2: At the time of first Professional Examination (semester/ annual system).

Terms of reference

- Assessment of the facilities in place.
- Meeting the objectives of education and training for the term.
- Adequacy of educational resources.
- Suitability of examination system.
- The team will submit its report to PCP regarding highlighting their observations. Deficiencies will be communicated by PCP to the institution concerned. On satisfactory compliance/ rebuttal the institution will be allowed to continue for the next term; otherwise the admission to next term may not be allowed.

Visit 3: Beginning of the 3rd year of third professional (5th semester).

The terms of reference will be as stated for Visit 2 but the context will be the adequacy of the requirements for 3rd professional.

Visit 4: At the time of 4th professional examination.

Terms of reference

The terms of reference will be as stated for Visit 2 but the context will be the adequacy of the requirements for 3rd professional.

In addition to the above scheduled visits, the Council can conduct surveillance visits in order as they feel to ensure quality of education and training.

Introduction

Pharmacy Council of Pakistan is a corporate regulatory body responsible for the recognition of Pharmacy Institutions and promotion of Pharmacy Education in the country. The Pharmacy Council of Pakistan (PCP) is the regulator established in terms of the Pharmacy Act, 1967 to regulate pharmacists, pharmacy support personnel and pharmacy premises in Pakistan.

Vision

To regulate the practice of Pharmacy in Pakistan by ensuring standard Pharmacy education so as to produce scientifically and professionally trained pharmacists.

Functions of the Central Council

(1) The functions of the Central Council shall be

(a) to approve examinations in pharmacy for the purpose of qualifying persons for registration as pharmacists;

(b) to prescribe the subjects in which approved examinations shall be held;

(c) to approve the courses of study and practical training in pharmacy for the purpose of admission to approved examination;

(d) to prescribe the conditions and procedure for admission of candidates to an approved examination;

(e) to lay down the standard of teaching to be maintained by institutions conducting the approved courses of study;

(f) to prescribe the equipment and facilities to be made available to the students;

(g) to recognize degree or diplomas in pharmacy for the purpose of registration as pharmacists;

(h) to cause inspection of institutions which conduct any courses of study in pharmacy and of the teachings imparted and examinations held by them; and

(i) to do such other acts and things as it may be empowered or required to do by or under this Act.

(2) The Central Council, with the previous approval of the Central Government, may, by notification in the official Gazette, make regulations for the purposes of sub-section (1).

Register A - Persons who hold a degree in pharmacy conferred by a university or an institution affiliated thereto, where the degree is recognized by the Central Council.

Register B - i. Persons who hold a diploma in pharmacy granted by any institution recognized by the Central Council.
ii. Persons who pass the examination in pharmacy held by a Provisional Council.

Register C - in which shall be registered the apprentices in pharmacy.

Minimum Requirements for the Establishment of Pharmacy Institutions

The Council has developed minimum requirements for the establishment of pharmacy educational institution for which inspection schedule has been framed with due diligence.

Visit 1: 1st comprehensive inspection prior to first admission of the students for granting NOC.

The terms of reference for inspection are to check the:

- Suitability of the premises for educational purpose.
- Availability of required infrastructure and physical facilities for first two professional years.
- Availability of required educational resources including curriculum, books, journals, faculty and supporting staff.
- Adequacy and funds available and policy for financial accountability.
- The team shall submit report to PCP highlighting their observations in this context. If found everything in order the PCP will issue an NOC. If there are deficiencies the PCP, after review, will communicate them to the institution concerned for compliance. The issuance of NOC will depend on satisfactory compliance/ rebuttal thereof.

Visit 2: At the time of first Professional Examination (semester/ annual system).

Terms of reference

- Assessment of the facilities in place.
- Meeting the objectives of education and training for the term.
- Adequacy of educational resources.
- Suitability of examination system.
- The team will submit its report to PCP regarding highlighting their observations. Deficiencies will be communicated by PCP to the institution concerned. On satisfactory compliance/ rebuttal the institution will be allowed to continue for the next term; otherwise the admission to next term may not be allowed.

Visit 3: Beginning of the 3rd year of third professional (5th semester).

The terms of reference will be as stated for Visit 2 but the context will be the adequacy of the requirements for 3rd professional.

Visit 4: At the time of 4th professional examination.

Terms of reference

The terms of reference will be as stated for Visit 2 but the context will be the adequacy of the requirements for 3rd professional.

In addition to the above scheduled visits, the Council can conduct surveillance visits in order as they feel to ensure quality of education and training.

Pharm. D Program

- About 50,000 pharmacists are registered with different Provincial Pharmacy Councils in Register "A" and 116 public sector and private sector universities which have been approved by Council.
- The degree courses resulting to the Pharm. D degree is spread over five years after F.Sc (Pre-Medical).

The approximate distribution of pharmacists in different sectors is as under:

- 55% in the production of pharmaceuticals,
- 15% in the Federal and Provincial Drug Control and Hospital Pharmacy setup,
- 15% in the sales and marketing of pharmaceuticals,
- 10% in community pharmacy,
- 5% in teaching, research etc.

Pharmacy Technician Program

- The Council has also permitted 444 institutions are permitted to start Pharmacy Technician Program.
- Two years Pharmacy Technician Program was developed, requiring coaching and training.
- The Program was launched in 2006.

WAY FORWARD

- **Office of the Council**
  - As Council is currently located in a rented building so the council is looking forward to establish state of the art secretariat in Islamabad.
- **Pool of Inspectors**
  - The Council has approved to develop a pool of inspectors with the mandate to inspect Pharmacy Institutions throughout the radius of Pakistan.
- **Capacity Building of Inspectors**
  - Council is devising a road map to train its inspectors with the aid of Higher Education Commission.

Chapter – 21

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YEAR BOOK

(2021-22)

IN PURSUANCE OF RULE 25 OF THE RULES
OF BUSINESS 1973

NATIONAL COUMCIL FOR HOMOEOPATHY
FAZIL TOWN (PHASE-I) AIRPORT LINK ROAD
RAWALPINDI

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HISTORY OF HOMOEOPATHY

The Homoeopathic System of Medicine is based on the natural law of Healing " **Similia Similibus Curenture**" meaning "Likes are cured by the Likes". The founder of Homoeopathy Dr.Sammual Hahnemann (1755-1843) a German Doctor M.D. from University of Leipzig, gave it scientific basis in 19th Century.

The history of Homoeopathy in India is linked with the name of Dr. Honigber a French man who brought Homoeopathy in India, who arrived at Lahore in 1829-1830 and later on went to Calcutta.

In April 1937, Mr. Ghais-ud-Din moved a resolution in the Legislative Assembly for recognition of Homoeopathy, which was passed and Bengal was the first province to constitute a homoeopathic State Faculty in 1943.

In Pakistan Homoeopathic System of Medicine was recognized at the Government level through UAH Act of 1965. This Act of Parliament regulates the educational system through the establishment of National Council for Homoeopathy.

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BOARD OF GOVERNORS

1)	Homoeopathic Doctor Rao Ghulam Murtaza	Punjab	:	President
2)	Homoeopathic Doctor Saeed ur Rehman Khattak	K.P.	:	V/ President
3)	Homoeopathic Doctor M.B. Jawed Awan	Punjab	:	Member
4)	Homoeopathic Doctor Muhammad Irfan Wali	Punjab	:	Member
5)	Homoeopathic Doctor Faisal Saleem	Punjab	:	Member
6)	Homoeopathic Doctor Naeem Hafeez	Punjab	:	Member
7)	Homoeopathic Doctor Tabassum Hussain	Punjab	:	Member
8)	Homoeopathic Doctor Muhammad Asif Khan	Sindh	:	Member
9)	Homoeopathic Doctor Muhammad Moin Khan	Sindh	:	Member
10)	Homoeopathic Doctor Siddique Ali Ansari	Sindh	:	Member
11)	Homoeopathic Doctor Mehmood ul Haq Abbasi	Punjab	:	Member
12)	Homoeopathic Doctor Raheel Muhammad	KPK	:	Member
13)	Homoeopathic Doctor Waheed Ahmed	Balochistan	:	Member
14)	Homoeopathic Doctor Irum Naz Akhter	Punjab	:	Member
15)	Homoeopathic Doctor Aisha Nawaz	Punjab	:	Member

16)	Homoeopathic Doctor Tariq Khan	Punjab	:	Member
17)	Homoeopathic Doctor Ilahi Bux	Sindh	:	Member
18)	Homoeopathic Doctor Muhammad Aslam Khan	Sindh	:	Member
19)	Homoeopathic Doctor Muhammad Idrees Khan	Balochistan	:	Member
20)	Homoeopathic Doctor Jawed Akhter	KPK	:	Member
21)	Mr. Shahzad Khurshid DS (Budget) M/o NHSR&C	Balochistan	:	Member

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INTRODUCTION

National Council for Homoeopathy is an Autonomous Body established under Section 3 of Unani Ayurvedic and Homoeopathic Practitioners Act, 1965, II of 1965.

The office of N.C.H. is located in its own building situated at Fazil Town (Phase-I), Airport Link Road, Rawalpindi.

VISION/OBJECTIVE

To promote and popularize Homoeopathic System of Medicine, to regulate education, research in and to provide for the registration of practitioners of this system of medicine.

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FUNCTIONS

As per Section 14 of the U.A.H. Act, 1965, functions of the Council are as under:-

i) to consider applications for recognition under this act made by the institutions imparting or desiring to impart instruction in the system of medicine with which the Council is concerned;

ii) to secure the maintenance of an adequate standard of education in recognized institutions;

iii) to make arrangements for the registration of duly qualified persons in accordance with the provisions of this Act;

iv) to appoint committees or sub-committees, each having due representation of all the

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Provinces, for a specific period, to perform any specified function concerned with the functions of the Council;

v) to provide research in the system of medicine with which the Council is concerned; and

vi) to do such other acts and things as it may be empowered or required to do by this Act or the rules.

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HOMOEOPATHIC MEDICAL COLLEGES

(Province-wise)

PROVINCE		COLLEGES
Punjab	:	98
Sindh	:	21
K.P.K.	:	19
Balochistan	:	02
TOTAL	:	**140**

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STAFFING POSITION (SANCTIONED POSTS BY GRADE, FILLED, VACANT)

Post	BPS	Nos of Posts	Filled	Vacant
Registrar	17	01	01	-
Controller	16	01	01	-
Superintendent	16	01	01	-
Steno-typist	12	01	01	-
Accountant	16	01	01	
Assistant	16	04	02	2
UDC	11	03	-	-
LDC	09	20	19	1
M/Operator	05	01	01	-
Driver	04	01	01	-
Daftari/R.Sorter	02	02	02	-
Naib Qasid	02	02	01	1
Chowkidar	02	02	02	-
Sweeper	02	01	01	-
Total	**-**	**41**	**36**	**4**

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RESULTS ACHIEVED DURING JULY 2021 TO JUNE 2022 (PREFERABLY QUANTITATIVE RESULTS)

DHMS Annual Examinations – 2021

1st Year	Male	Female	Total
Appeared	6590	2724	9314
Passed	4097	1798	5895
Pass%	62%	66%	63%
2nd Year			
Appeared	5077	2063	7140
Passed	3846	1705	5551
Pass%	76%	83%	78%
3rd Year			
Appeared	5001	1919	6920
Passed	3518	1505	5023
Pass%	70%	78%	73%
4th Year	**Male**	**Female**	**Total**
Appeared	4350	1711	6061
Passed	3168	1388	4556
Pass%	73%	81%	75%
	SUMMARY		
Appeared	21018	8417	29435
Passed	14629	6396	21025
Pass%	70%	73%	58%

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DHMS Supplementary Examinations – 2021

1st Year	Male	Female	Total
Appeared	489	187	676
Passed	396	158	554
Pass%	81%	84%	82%
2nd Year			
Appeared	287	63	350
Passed	256	56	312
Pass%	89%	89%	89%
3rd Year			
Appeared	359	103	462
Passed	333	96	429
Pass%	93%	93%	93%
4th Year			
Appeared	574	132	706
Passed	529	122	651
Pass%	92%	92%	92%

SUMMARY

	Male	Female	Total
Appeared	1709	485	2194
Passed	1514	432	1946
Pass%	89%	89%	89%

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KEY ACTIVITIES CARRIED DURING 2021-22

i) **4122** fresh Homoeopathic Doctors (Diploma Holders) have been registered.

ii) **60** fresh Homoeopathic Doctors (BHMS Degree Holders) have been registered.

iii) Registrations of **7098** Homoeopathic Doctors (DHMS/BHMS) have been renewed.

iv) **5754** Doctors Card have been issued to the Homoeopathic Doctors.

v) Diploma Certificates of DHMS Annual Exam. 2019 in respect of students of 140 Homoeopathic Medical Colleges have been issued.

vi) **8109** students of 140 Homoeopathic Medical Colleges have been enrolled.

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WAY FORWARD

i) To establish Hahnemann Homoeopathic University at Federal level.

ii) To establish National Homoeopathic Library.

iii) To establish Text Book Board in NCH.

iv) To Equivalence of DHMS (3rd and 4th Year) into B.Sc. (Homoeopathy Group).

v) Appointment of Assistant Director (Homoeo) at Provincial level in the province of Baluchistan.

vi) Appointment of Homoeopathic Doctors at D.H.Q & T.H.Q. level in the province of Sindh, K.P.K. and Balochistan.

vii) To organize International Homoeopathic Conference at Convention Centre Islamabad for promotion and up-gradation of Homoeopathic System of Medicine.

viii) To appoint Honorary District Registrar to keep an eye on Homoeopathic Practitioners in the country.

x) To establish Homoeopathic Hospital at Federal & provincial level.

xi) To start Teacher Refresher Course and Training of Examination staff.

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FINANCIAL POSITION FOR THE FY 2021-22

a)	Income from own resources	Rs.	97,094,512/-
b)	Expenditures in different Head of accounts.	Rs.	55,011,960/-
c)	Closing balance as on 30-06-2022.	Rs.	191,135,979/-
d)	Funds/Grant received from the Federal Government	Rs.	3,343,000/-

NATIONAL COUNCIL FOR TIBB

GOVERNMENT OF PAKISTAN

ISLAMABAD

Status of National Council for Tibb

National Council for Tibb is a Body Corporate, established under section 3 of UAH Act 1965, to promote and popularize the Unani, Ayurvedic and Homoeopathic System of Medicine, to regulate education and research in and to provide for the registration of practitioners of those systems of medicine, presently working under the administrative control of Ministry of National Health Services, Regulations & Coordination Islamabad.

Vision

To recognize itself as world's most trusted, ethical, compassionate respected and admired health system of the world.

Objective

Serve humanity with colour blind commitment, leadership and excellence by providing quality healthcare at affordable cost ensuring healthy society worldwide through research.

Functions of the Council

(a) to consider applications for recognition under this Act made by institutions imparting or desiring to impart instruction in the system of medicine with which the Council is concerned.
(b) to secure the maintenance of an adequate standard of education in recognized institutions;
(c) to make arrangements for the registration of duly qualified persons in accordance with the provision of this Act.

(cc) to appoint committees or sub-committees, each having due representation of all the Provinces, for a specific period, to perform any specified function connected with the functions of the Council;

(d) to provide for research in the system of medicine with which the Council is concerned; and

(e) to do such other acts and things as it may be empowered or required to do by this Act or the Rules.

DIFFERENT SECTIONS & RESPONSIBILITES OF NATIONAL COUNCIL FOR TIBB

1. ACCOUNT SECTION

(a) Maintenance for all moneys received in cash as P.I.S. postal orders, bank drafts, money orders, pay orders and amount drawn from the bank and its proper disposal and up-keep of proper record;

(b) Maintain properly the accounts record and registers, vouchers, bills, cash books, ledgers, etc, according to the Government rules and instructions;

(c) Accountant is bound to have the signature of the Secretary on the cash book daily at the close of the day or on the next working day;

(d) Preparation of the accounts strictly according to the Government rules and shall get the accounts audited by the auditor at the end of every financial year and comply or reply the observation made by the auditors, if any;

(e) Maintain a petty cash book which may show the transaction of petty contingent expenses incurred on odd things daily;

(f) Submission for daily a summary of income and expenditure account to the Secretary;

(g) Confirmation the money received in the office from Tabibs and Vaids on account of registration fee, etc. and shall also assist the Secretary in correspondence relating to the accounts; and

(h) Keeps up-to-date record of sale of publication including text books.

2. REGISRATION SECTION:

(a) Preparation of Registration Certificates for registered and qualified Tabibs.
(b) Preparation of Renewal Certificates for registered and qualified Tabibs.
(c) Preparation of NCT Identity Cards for registered and qualified Tabibs.
(d) Maintenance of records / files of registered and qualified Tabibs.

3. ADMINISTRATION SECTION:

(a) Maintenance of Discipline in the Office.
(b) Maintenance of personal files of NCT's Personnel's.
(c) Maintenance of files records.
(d) Preparation of replies regarding received letters and submission to the Ministries, Tibbia Colleges etc.

4. EXAMINATION SECTION:

(a) Issuance of enrolment to 1st year students.
(b) Arrangements to conduct of Examinations (Fazil Tib Wal Jarahat).
(c) Preparation of results of 1st year, 2nd year, 3rd year & 4th year.
(d) Issuance of results and results cards.
(e) Issuance of Diploma (FTJ) to qualified candidates.

5. R & I SECTION:

Maintenance of Dairy Register and Dispatch Register.

Sanctioned Strength of National Council for Tibb

Sanctioned Strength	18
Filled	17
Vacant	01

S.No	Designation	BPS	No of Posts	Sanctioned Strength	
				Filled	Vacant
1.	Registrar	17	1	1	
2.	Superintendent	17	1	1	
3.	Controller of Examination	16	1	0	Vacant (Subjudice)
4.	Assistant	16	1	1	
5.	Stenotypist	14	2	1	1 (under process)
6.	Accountant	14	1	1	
7.	UDC	11	1	1	
8.	LDC	09	4	3	1 Vacant
9.	Driver	04	1	1	
10.	Record Sorter	03	1	1	
11.	Naib Qasid	01	2	2	
12	Sweeper	01	1	1	
13	Chowkidar	01	1	1	

NUMBER OF RECOGNIZED INSTITUTIONS

i. Punjab	27
ii. KPK	04
iii. Sindh	05
iv. Balochistan	01
Total	37

NUMBER OF BEMS DEPARTMENTS

i. Hamdard University Karachi.
ii. Qarshi University Lahore.
iii. Islamia University Bahawalpur
iv. University of Poonch Rawlakot.
v. GC University, Faisalabad

PERFORMANCE / ACHIEVEMENTS

- Issued 700 Diplomas (FTJ) to qualified Tabibs.
- Issued 8601 of Result Cards (FTJ).
- Qualified BEMS Tabibs 22 in number were registered to practice Unani System of Medicine in the country to serve the general public.
- Qualified Tabibs 2103 in number were registered to practice Unani System of Medicine in the country to serve the general public.
- Registration certificates of 2301 Tabibs were renewed enabling them to continue their practice in accordance with law to serve the general public.
- Issued 4201 NCT ID Cards to Tabibs.
- Issued 3650 enrollment to Students of FTJ
- Arrange for holding election of National Council for Tibb.
- Got piece of land for Tibb Complex building from NIH.
- Arranged Consultative workshop of Tibbia Colleges at Islamabad according to needs of the day.
- PC1 was prepared and submitted to the Federal Government.
- Amendments in UAH Rules 1980 and NCT administration and Financial Management Rules, 2008 have been prepared and submitted to the Federal Government for approval.
- Got equivalency of 1st and 2nd year syllabus of Fazil ut Tibb Wal Jarahat (FTJ) from inter board committee of chairman (IBCC) as intermediate in Unani & Ayurvedic System of Medicine (IUASM).
- Software for Enrollments Results and Registration have been prepared for smooth working of the Council.

TARGETS SET OUT

- Targeted to issue of 3000 Diplomas of Fazil Tibb wal Jarahat.
- Targeted to issue 9000 Result Cards Qualified Registration Certificates.
- Targeted to issue Registration & Renewal Certificates round about 8000.
- Targeted to construct Tibb Complex

Chapter — 23

A Brief Introduction of PRCS

Origin of the Red Cross



- 1859 Battle of Solferino – Austria & France
- Henry Dunant – A Swiss Merchant provided first aid to wounded.
- International Committee of Red Cross – Created in 1863

Brief introduction of Pakistan Red Crescent

- Pakistan Red Crescent (PRCS) is a leading humanitarian organization which was founded by first Governor General Quaid-e-Azam Muhammad Ali Jinnah on 20th December, 1947 & is a part of RCRC Movement.
- PRCS is the only humanitarian organization in the country which has a legal status and as per the country's constitution, PRCS is an auxiliary to the Government and its Armed Forces in field of Health, Blood Donation and Emergency Response.
- PRCS has active presence across the country and has a strong volunteer base of youth.

Our journey...

1947-48

Refugee Camps – Relief items worth Rs. 0.7 million, provided to **migrants** in Karachi and Lahore.

1965-73

Indo-Pak Wars – 10 million **family messages** were exchanged by PRCS between Prisoners of Wars and their families.

1974

Floods – Constructed Red Crescent Colonies (**300 houses**) in Sindh, KPK and Punjab for the rehabilitation of affectees.

1980-81

Afghan Refugees – Relief and Health facilities worth Rs. 50 million provided to the **Afghan refugees**.

1997-98

Drought – Food and Non-Food Items worth Rs. 76 million distributed in **drought-ridden** areas.

2005

Earthquake – Relief worth **Rs. 6.7 billion** provided to over 3.3 million beneficiaries.

PRCS was founded by 'Quaid-e-Azam' through an Act of Parliament in 1947 and is auxiliary to the Government & Armed Forces of Pakistan.

OUR

VISION & MISSION

VISION: Saving lives, uniting people and changing minds for healthy, safe and resilient communities.

&

MISSION: To become the leading humanitarian organization of Pakistan, committed to prevent and alleviate human sufferings by mobilizing the power of humanity through volunteers.

Our core working areas

Disaster management

- Preparedness
- Emergency Response
- Community Based Disaster Risk Reduction
- School Safety
- Cash and Voucher Assistance
- Climate Change Adaptation

Healthy and safe living

- Preventive Health Care
- Ambulance Service
- First Aid Training
- Water and Sanitation
- Blood Donation
- Mine Risk Education

Youth and volunteer

- Volunteer Management
- Volunteer Development
- Engagement & Retention

Organizational development

- System Development (HR, Finance, Logistics, PMER & IT)
- Knowledge Management
- Branch Development
- Resource Mobilization
- Fundamental Principles

Cross Cutting Areas: Community Engagement & Accountability (CEA) and Protection, Gender & Inclusion (PGI)

Key focus areas & Campaigns













- Give Way to Ambulance
- BHAROSA KAREN
- Health Care in Danger
- Volunteers on Wheel

Recent Responses & Impact

3 Emergency Responses in AJK, Sindh & Balochistan in 2020

10,000

Beneficiaries

Mosquito Nets Distributed in Balochistan & KP

2.4

million

Construction of Model Shelters for EQ victims of AJK

100

Livelihood and Cash support given in Balochistan

5,600

Families

Distribution of School Bags to Poor Children

20,000

First Aid Services in

46

Districts

Dengue Response and Awareness to

100,000

Individuals

COVID-19 Response beneficiaries

900,000

People Vaccinated by the PRCS in 6 months

400,000

Achievements of PRCS

PRCS Responded to over 45 major disasters during last 15 years alone and provided relief to over 12 million people.

PRCS won 'Volunteer Award' 6 times during last 8 years. (2011, 2013, twice in 2015, 2017 & 2021)

Only organization with approved First Aid Training Curriculum by the Government.

PRCS Strategic Framework 2025

4 Pillars of PRCS Strategic Framework

Humanitarian Services Excellence

- PGI
- Climate-smart DRR
- Enhanced Coordination Mechanism
- CEA
- Quality M&E and Reporting
- Volunteers recognition
- G&D in PMER

Core Development

- Innovative leadership driving Change Management.
- Governance framework with define roles.
- Increased presence of PRCS
- HR Development
- Robust Financial Management Systems
- Sectoral Guidelines

Sustainability

- Efficient utilization of assets.
- Membership drives at all levels.
- Service-based revenue generation.
- Transformational partnerships with corporate entities.
- Well-functioning resource mobilization system at all levels.

Legal Framework

- Revision of PRCS Act
- Advocacy to strengthen PRCS auxiliary role.
- Identification of PRCS role in DM and First Aid Laws.
- Development of PRCS standardized By Laws for entire PRCS.
- Strengthen PRCS Legal base.



Thank you!

www.prcs.org.pk

Prepare & Design by
Rehan Ali, Waqar Fani & Zaka ul Rasool


DRUG REGULATORY AUTHORITY OF PAKISTAN

1. **Introduction**

Drug Regulatory Authority of Pakistan, established under DRAP Act, 2012, is a body corporate having its headquarters at Islamabad and field offices/ laboratories at Karachi, Lahore, Peshawar, Quetta and Islamabad. Mandate of the Authority is to provide for effective coordination and enforcement of the Drugs Act 1976 (XXXI of 1976) and to bring harmony in inter-provincial trade and commerce of therapeutic goods.

2. **Composition of the Authority**

The Authority consists of a Chief Executive Officer and the following thirteen Directors who shall be appointed by the Federal Government on the recommendation of Policy Board:

i. Director (Pharmaceutical Evaluation & Registration).
ii. Director (Controlled Drugs).
iii. Director (Drug Licensing).
iv. Director (Quality Assurance and Laboratory Testing).
v. Director (Legal Affairs).
vi. Director (Administration, Human Resource and Logistics).
vii. Director (Medical Devices and Medicated Cosmetics).
viii. Director (Pharmacy Services).
ix. Director (Biological Drugs).
x. Director (Budget and Accounts).
xi. Director (Costing and Pricing).
xii. Director (Health and OTC Products (non-drugs)).
xiii. Director (Management Information Services).

3. **POLICY BOARD OF DRAP**

The general direction, administration and monitoring of the Authority is vested in the Policy Board which consists of fifteen members, namely:-

(a).	Secretary, Ministry of National Health Services, Regulations and Coordination	**Chairperson**
(b).	Chief Executive Officer, DRAP,	Member / Secretary
(c).	Representative of Ministry of Law and Justice	Member
(d).	Secretary of the concerned department Government of the Balochistan	Member
(e).	Secretary of the concerned department Government of the Sindh	Member
(f).	Secretary of the concerned department Government of the Khyber Pakhtunkhwa	Member
(g).	Secretary of the concerned department Government of the Punjab	Member
(h).	Secretary of the concerned department Government of the Gilgit – Baltistan	Member
(i).	Representative from Federally Administered Tribal Area	Member
Expert Members		
(j).	Six experts from the public and private sector with equal representation from each Province. These members shall be from different specialties	Member

4. **OFFICES OF DRUG REGULATORY AUTHORITY OF PAKISTAN**

i.	Drug Regulatory Authority of Pakistan, Islamabad (HQ)	Telecom Foundation Complex, 7- Mauve Area, G-9/4, Islamabad.
ii.	Drug Regulatory Authority of Pakistan, Lahore.	2nd FloorNIMRTBuilding, 6-A, R Chughtai Road, Lahore.
iii.	Drug Regulatory Authority of Pakistan, Karachi.	Plot No.4, Block-B, Sindhi Muslim Housing Society, Karachi.
iv.	Drug Regulatory Authority of Pakistan, Peshawar.	First Floor, Benevolent Fund Building, Peshawar Cantt.
v.	Drug Regulatory Authority of Pakistan, Quetta.	House No.92-F, Satellite Town, Block-5, Quetta.
vi.	Central Drug Laboratory, Drug Regulatory Authority of Pakistan, Karachi.	Plot No.4, Block-B, Sindhi Muslim Housing Society, Karachi.
vii.	National Control Laboratory (Biological), Islamabad.	Chak Shahzad, Islamabad.
viii.	Federal Drugs Surveillance Laboratory, Islamabad (Development Project).	Chak Shahzad, Islamabad.

Office of the CEO, DRAP

i. CEO Secretariat

ii. QMS Cell

iii. Vigilance Cell

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Introduction:

Drug Regulatory Authority of Pakistan (DRAP) was established by the Act of Parliament through promulgation of the Drug Regulatory Authority of Pakistan Act, 2012, with a mandate to provide for effective coordination and enforcement of The Drugs Act, 1976 (XXXI of 1976) and to bring harmony in inter-provincial trade and commerce of therapeutic goods. Drug Regulatory Authority of Pakistan (DRAP) is the main constitutional body to regulate therapeutic goods.

Drug Regulatory Authority of Pakistan is responsible for ensuring that therapeutic goods approved and available in market meet prescribed standards of quality, safety and efficacy and are sold at reasonable prices. The Authority is responsible for regulation of therapeutic goods; registration and marketing authorization, vigilance, market surveillance and control, licensing establishments, regulatory inspection, laboratory testing, clinical trials oversight, pharmacovigilance, and lot release of biologicals. Therapeutic goods regulated by the DRAP include drugs, biological, medical devices, alternative medicines & health products.

Drug Regulatory Authority of Pakistan is an autonomous body of Federal Government working under the administrative control of Ministry of National Health Services, Regulations & Coordination. General direction, administration and monitoring of the Authority vests with Policy Board of DRAP. The Authority has thirteen Divisions performing the functions as mandated under the Section 4 of the DRAP Act, 2012. In these Divisions mandated functions are performed through Boards and Committee, while officers in each Division also have decision making powers for functions assigned or entrusted or delegated to them.

Vision:

" To develop, Implement and Improve Quality Management Systems for performing all regulatory functions within the mandate of DRAP, to ensure safety, quality and efficacy of therapeutic goods for the people of Pakistan"

This is directly aligned with the collective vision of Drug Regulatory Authority of Pakistan

Objectives:-

1. To assist Chief Executive Officer, DRAP in discharging his duties and functions performing as assigned under the DRAP Act, and the Policy Board of DRAP.
2. To assist in development, implementation, and improvement of QMSs, based on principles from International Organization for Standardization (ISO) document ISO 9001 standard requirements.
3. To furnish recommendations to all Division of DRAP in execution of their regulatory functions in an efficient manner under the principles of QMS as mandated by DRAP Act, 2012 and rules framed thereunder.
4. To report management on the performance of the QMS and on opportunities for improvement.

Functions: -

Office of the CEO, DRAP comprising of the CEO Secretariat, Vigilance cell and QMS cell, performs the following functions:

i. Conducting meetings of the Policy Board of Drug Regulatory Authority of Pakistan and maintaining the records of minutes of meeting.
ii. Conducting meetings of Drug Regulatory Authority of Pakistan and maintaining the records of minutes of meeting.
iii. Miscellaneous tasks including:-
    a. Communication and Coordination between various divisions of the Authority.
    b. Communicating and coordinating, on behalf of the Authority, with Ministry of NHS, R&C, stakeholders and other government institutions/ ministries.
    c. Preparing matters related to international cooperation, health partners.
    d. Any other task as assigned by the CEO.
iv. Monitoring, evaluating, processing and resolving complaints received either through PMDU portal or otherwise.
v. To ensure that DRAP conforms to its own and ISO 9001:2015 quality standards by designing, implementing and functionalizing Quality Management System (QMS) through management review, internal audit, change control and continuous improvement.

Key Performance Statistics of 1st July 2021 to 30th June 2022 : -

Sr.	Section	Attribute /Activity		Number
1	CEO Secretariat	Policy Board meetings		04
		DRAP Authority meetings		27
		MoUs Signed with National and International organization / institutes		02
2	QMS Cell	Management Review Committee meetings		02
		Effective Standard Documents implemented in various Divisions of DRAP		
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		III.	List of Functions of each Division	13
		IV.	Divisional Organizational charts	13
		V.	Application Forms / Checklists	58
		Internal Audits conducted		1
		Non-Conformities and CAPAs followed		10
		Guidelines Development and Amendments		27
3	Vigilance Cell	PMDU Complaints Disposed		328

New Initiatives: -

1. Implementation of E-Office in DRAP, field offices and Laboratories

Under the Direction of Mr.Asim Rauf, CEO Office leads at the front to implement electronic e-filling system in the DRAP to replace conventional filing system to enhanced efficiency for routine official tasks. E-Office is an electronic platform developed by National Information Technology Board (NITB), Government of Pakistan which operates on the intra network among various ministries, their attached offices and regulatory bodies. This electronic system is easy to use, efficient and maintains confidentiality of important regulatory actions performed on it, before dissemination of such information to public and stakeholders, which is of primary concern for any regulatory authority.

2. QMS DashBoard

QMS team has developed an intranet relational database structured to manage the standard documents in compliance to ISO 9001:2015 requirements. The QMS database provides simple, logical and effective tool which helps in management, storing, archiving and maintenance of standard documents on a single integrated platform designed with intent to strengthen DRAP's quality system.

Following are key attributes of QMS can be managed in this database system: -

1) **Documents Control**
   a) Standard Documents Type management
   b) Listing of Effective, Superseded, and obsolete documents
   c) Document Version History
   d) Document Copies Distribution record
   e) Tracking of Document Issue, effective and review dates
   f) Keep Soft and scan copies of standard documents
2) **Audits Management**
   a) Maintain Audit Reports of each Division
   b) Track Non-Conformities of each audit
   c) Generate and follow CAPAs
   d) Statistical analysis of NCs
3) **Training Records**
   a) Employee participation in trainings on standard documents
   b) Training conducted for each document
4) **Resource Management**
   a) Divisional Coordinators
   b) Internal Auditors

the network (LAN) for multipurpose use simultaneously. This database is effective in management of precious data in secure environment. It minimizes duplication of work and reduces redundancy which results in effective time management. Salient features of QMS database are as under:

a) Simultaneous Multi-Users Access with Password Control
b) Effective Use of Time
c) Easy data tracking, storing and management
d) Reduce paper work, paper form

3. Conceptualizing, Content writing and Launching of New Website of DRAP

DRAP has launched a new website on 23rd February, 2022, along with the new web content management system following a major revamping through comprehensive review and redesigning of the web contents. The official website serves as an effective communication mean to promote DRAP's mission of ensuring access to safe, quality, and efficacious therapeutic goods and earliest treatment of new treatment opportunities for the people of Pakistan.

The development of this new website was initiated by the QMS Cell in collaboration with Division of MIS, aimed at building a more user centric and self-service website which has more comprehensive and updated information covering all regulatory aspects of therapeutic goods.

The conceptual acronym for managing this new website id developed by QMS is as under:-

RECAP= Review, Edit, Create, Authorize, and Publish

Future Plans:

1. **To get accreditations of International bodies**
2. **To promote effective stakeholder involvement and their awareness regarding applicable laws and regulation**
3. **To ensure public awareness and knowledge regarding DRAP**
4. **To achieve automation and enhanced quality management systems.**
5. **Aligning to global standards in collaboration with World Health organization**
6. **Digital transformation of organizational QMS to enhance productivity.**

1.

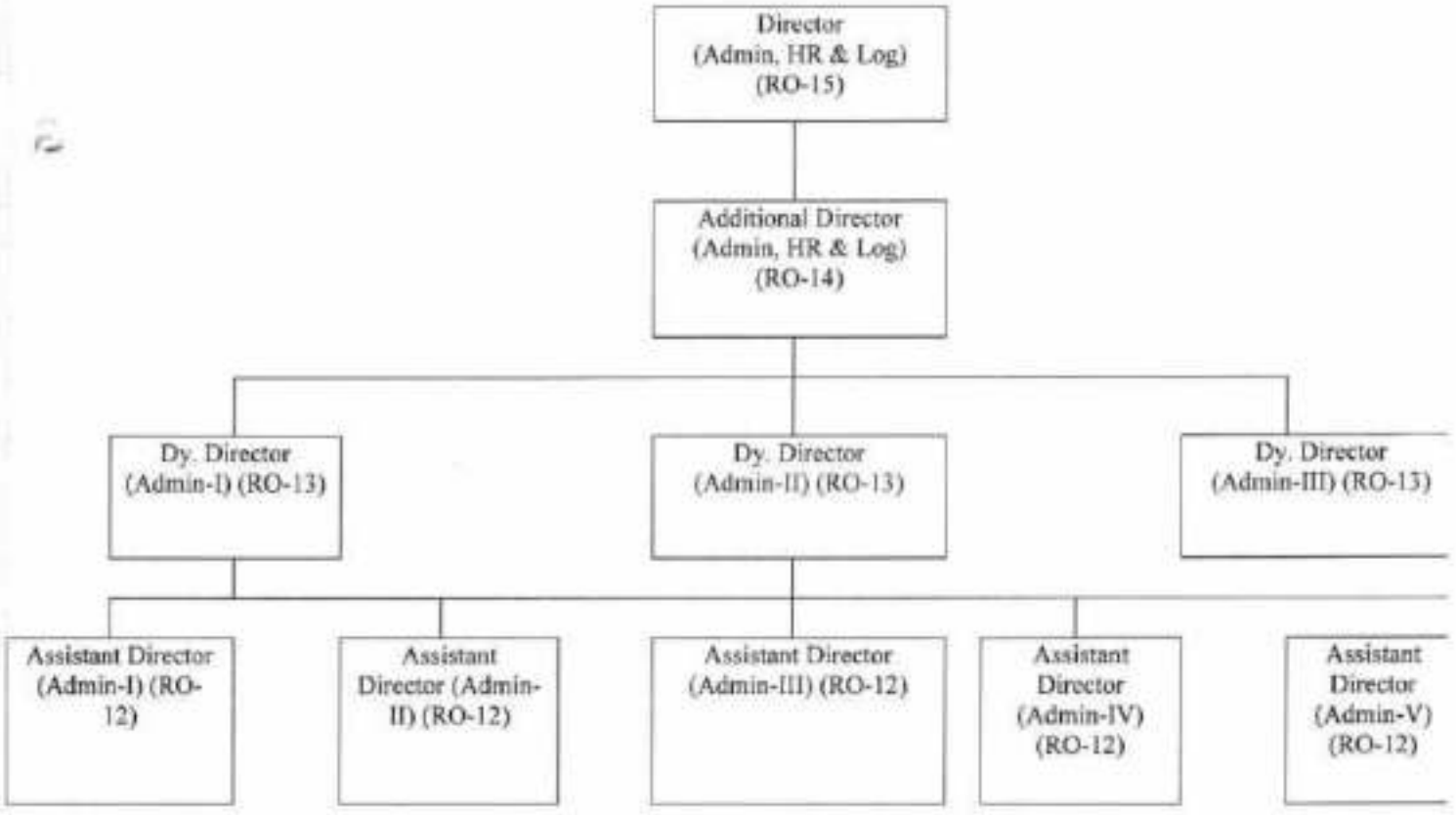
DIVISION OF ADMINISTRATION, HUMAN RESOURCE & LOGISTICS

Under Section 4 of the Drug Regulatory Authority of Pakistan Act, 2012, mandate of the Division is as under:-

"Administration, Human Resource and Logistics Division shall be responsible for administration, recruitment, appointment, capacity building and development for the Authority and other matters connected therewith and ancillary there to".

1. HR Need Assessment & Recruitment
2. Training & Development
3. Performance Management
4. Building & Facilities Management
5. Transport Management
6. Procurement of Office Supplies
7. Grievance Redressal of Employees & Other Departments
8. Attendance & Record Management
9. Discipline Enforcement
10. Retirement & Pension Cases
11. Maintain Seniority Records
12. Medical Facility
13. Coordination with other Government Departments
14. Develop and update:
    a) Service Regulations
    b) Medical Regulations
15. Process Cases:
    a) Loan
    b) Advances
    c) Allowances
16. Hiring (House Rent) Cases
17. Payment Cases Field Offices / Issuance of BPVs
18. NOCs for Various Purposes
19. Visitor Management
20. Security Services
21. Refreshment & Lunch in Meetings
22. Stores Management
23. Replies to National Assembly & Senate
24. Defend DRAP in court cases
25. Processing of TA / DA Cases

ORGAN-O-GRAM OF THE DIVISION OF ADMINISTRATION, HUMAN RESOURCE & LOGISTICS



7. **ACHIEVMENTS OF THE DIVISION OF ADMINISTRATION, HUMAN RESOURCE & LOGISTICS**

i. Framing of Employees Service Regulations for newly created posts and amendments in notified DRAP Employees Service Regulations, 2015
ii. Devised SOP's of various functions of Admin, HR & Logistics.
iii. Medical Attendance Regulations for DRAP Employees have been drafted and are under process.
iv. Efficient disposal of service related court cases.
v. Installation and maintenance of Biometric Attendance System.
vi. Creation of new posts for efficient disposal of the official work.
vii. Advertised 30 posts of officers / officials and process of recruitments is under way.
viii. E-Filing system fully operational since 1st of January 2022.

8. **FUTURE GOALS OF THE DIVISION OF ADMINISTRATION, HUMAN RESOURCE & LOGISTICS**

i. Implementation of HR Management Systems and automation of Office Record.
ii. Recruitment for filling up of vacant posts of officers / officials

PERFORMANCE RELATED TO DIVISION OF LEGAL AFFAIRS FOR 2021-2022

a. Introduction

Under Section 4 of the Drug Regulatory Authority of Pakistan Act, 2012, mandate of the Division is as under:-

"Shall be responsible for legal aspects of the Authority and other matters connected with Drug Court and other court cases therewith or ancillary thereto".

b. Vision

- The Legal Affairs Division is main tool of the Authority for effective enforcement of Drugs Act, 1976, DARP Act, 2012 and rules framed thereunderin order to ensure safety, efficacy and quality of therapeutic goods with rational use at reasonable price.

c. Functions

i. Legal Affairs division is responsible for legal aspects of the Authority and other maters connected with Drug Court and other court cases therewith or ancillary thereto.
ii. To attend the hearings of the cases related to the authority.
iii. To brief Assistant Attorney General /Deputy Attorney General /Add. Attorney General /Counsels in the cases related to the authority.
iv. To prepare and vet the parawise comments and ensure timely submission thereof.
v. To process the cases for vetting the parawise comments and nomination of Deputy Attorney Generals from M/o Law and Justice through M/o NHS,R&C.
vi. To hire the services of private counsels / advocates if needed.
vii. To file appeal / revision / review in cases where the judgement of the court is against the authority.
viii. To act as Secretariat of the Appellate Board.
ix. To reply the assembly / senate question.
x. To give legal opinions to all the division on different issues.
xi. To maintain discipline within the division.
xii. To maintain the Data Base of the courts cases of the Authority.
xiii. To constitute the panel of advocates.

d. Results Achieved during July, 2021 to June 2022

Court	Total Cases filed		Total Cases Disposed/dismissed	
	Year 2021	Year 2022	Year 2021	Year 2022
Supreme Court	4	3	1	0
Islamabad High Court	29	12	52	31
Lahore High Court	55	11	5	31
Sindh High Court	40	45	24	8
Peshawar High Court	0	2	1	4
High Court Baluchistan	5	0	0	1
Civil Court	5	4	0	4
Federal Ombudsman	0	1	0	0
Drug Courts	3	0	1	2
Federal Service Tribunal	0	1	0	1
Total	141	79	84	82
Grand Total	220		166	

DETAIL OF AMENDMENTS IN RULES / REGULATIUONS AND POLICIES

Rules framed/amendments in rules/regulations under the Drugs Act, 1976 and DRAP Act, 2012:

1. Pharmacovigilance Rules, 2022.
2. Ethical Marketing & Healthcare Professional Rules, 2021.
3. Amendments in DRAP Employees Service Regulation, 2015.
4. Amendments in Medical devices Rules, 2017.
5. Amendments in the Drugs (Licensing, Registering and Advertising) Rules, 1976.

AMENDMENT IN RULES /REGULATIONS UNDER PROCESS

1. Amendments in the Drugs (Licensing, Registering and Advertising) Rules, 1976 for contract test & analysis of drugs.
2. Amendments in the Drugs (Labelling and Packing) Rules, 1986 for extension in timeline of implementation of barcodes.
3. Amendment in Alternative Medicines & Health Products (Enlistment) Rules, 2014 in order to give power of prescribing fee for various services to the Authority with approval of the Policy Board.
4. DRAP Medical Attendance Regulations, 2022.
5. DRAP CP Fund Regulations.
6. Bio Study Rules, 2017 to the extent of fee.
7. DRAP Levy of Fee & Charging Rules, 2022.
8. DRAP (FID) Rules, 1976to the extent of fee.
9. Drug (Import & Export) Rules, 1976 to the extent of fee.

Legal Opinions

Given number of legal opinions on different issue to all Divisions of the Authority.

MEETINGS OF THE DRUGS APPELLATE BOARD

Legal Affairs Division also performs secretariat functions of the Drugs Appellate Board under Rule 9 of the Drugs (Appellate Board) Rules 1976. Following meeting of the Drugs Appellate Board was convened during 2020-2021.

1. 157thMeeting held on 05th August, 2021.
2. 158th meeting held on 21st October, 2021.
3. 159th meeting held on 02nd December, 2021
4. 160th meeting held on 24th February, 2022
5. 161stmeeting held on 23rd June, 2022

e. Key Activities carried out during 2021-2022

Rules framed under the Drugs Act, 1976 and DRAP Act, 2012 and Amendments therein:

1. Given number of opinion on different issues of the Authority.
2. 166 cases disposed during this year.

f. Way Forward

- To review all the Rules made under the Drugs Act, 1976, DRAP Act, 2012 and to remove all anomalies.

MEDICAL DEVICES AND MEDICATED COSMETICS DIVISION

BRIEF BACKGROUND / INTRODUCTION:

Drug Regulatory Authority of Pakistan Act, 2012 (Act No.XXI of 2012) was promulgated on 13th November, 2012, resulting in establishment of Drug Regulatory Authority of Pakistan (DRAP). The Authority is an autonomous body under the administrative control of the Federal Government and consists of a Chief Executive Officer and 13 Directors heading respective Directorates. Medical Devices and Medicated Cosmetics is one of the Division headed by its Director.

VISION / OBJECTIVES:

To protect the public health and to provide safe and effective medical devices & medicated cosmetics to the public and to ensure that new technology is made available for the use of patients in a timely manner complying the required safety and performance standards and to guide and facilitate the manufacturers, distributors and other stakeholders for provision of quality products to the patients as well as to enhance the expertise and knowhow of the regulators at par to the international standards.

FUNCTIONS:

The following functions are performed by the Division: -

1. Processing of applications for the Grant of Establishment Licence to manufacture or import medical devices.
2. Processing of applications for the Renewal of Establishment Licence to manufacture or import medical devices.
3. Processing of applications of post-Establishment licensing variations.
4. Processing of applications for the Grant of Enlistment of imported or locally manufactured Class A medical device.
5. Processing of applications for the Grant of Registration of imported or locally manufactured Class B, C and D medical devices.
6. Processing of applications for the Renewal of Enlistment/Registration of imported or locally manufactured Class A, B, C and D medical devices.
7. Processing of applications of Post-registration/Post-enlistment variations.
8. Processing of applications for issuance of permit to import small quantities of medical devices for clinical investigation or sample for evaluation.
9. Processing of applications for advertisement of medical devices.
10. Conduction of GMP/GSP-MD inspections of firms manufacturing/importing medical devices when desired by Medical Device Board (MDB).
11. Maintaining the National Registry for Life Saving Medical Devices.
12. Processing of applications of Site verificationof Establishment License to manufacture or import medical devices.
13. Processing of application of grant of cGMP certificate for manufacturer of medical devices.
14. Planning, agenda preparation, conduction of MDB meeting followed by minutes' preparation and communication of Board decisions.
15. Drafting para-wise comments and replies of court cases, replies of senate/assembly questions and Pakistan citizen portal complaints.
16. Drafting Regulations/ Guidance documents/ Forms/ Checklists/ Certificates related to mandate of the division.
17. Processing of other miscellaneous matters related to MDMC Division.

RESULTS ACHIEVED DURING THE PERIOD FROM 1ST JULY 2021 TO 30TH JUNE, 2022.

1.	Number of License Granted to Import Medical Devices.	216
2.	Number of License Granted to manufacture medical devices.	15
3.	Number of Registration certificates issued to import medical devices.	880
4.	Number of Enlistment certificates issued to import medical devices.	119
5.	Number of Registration certificates issued for locally manufacturing of medical devices.	58
6.	Number of Enlistment Certificates issued for locally manufacturing of medical devices.	23
7.	Number of Import Permits issued for the purpose of clinical investigation, examination, test or analysis of medical devices.	06
8.	Number of cGMP certificate issued to manufacturer of medical devices.	03
9.	Number of MDB meetings conducted.	15
10.	Number of QMS documents reviewed and approved by MRC.	31
11.	Number of new QMS documents prepared and approved by MRC.	05

KEY ACTIVITIES CARRIED OUT DURING 2021– 2022

In addition to the above mentioned achievements, following key activities has been carried out by the division:

(i) Various post licensing and post enlistment/registration variations were processed by the Division.

(ii) A number of court cases, replies of senate/assembly questions and Pakistan citizen portal complaints addressed.

(iii) Maintaining the Quality Management System (QMS) system for MD&MC as per ISO-9001, 2015.

1. Designated the Job descriptions and reviewed as per need of hour to meet the urgency of Covid-19 and other issues of local manufacturing industry.
2. Smart Quality Objectives and functions of the Division formulated and work initiated on them
3. Policy decision taken for online (software based) submission of applications ofEstablishment Licence to manufacture medical devices.
4. Policy decision taken for online (software based) submission of applications ofEstablishment Licence to import medical devices.
5. Policy decision taken for online (software based) submission of applications ofenlistment/registration to manufacture medical devices.
6. Policy decision taken for online (software based) submission of applications ofenlistment/registration to import medical devices.
7. Review of the documents related to the QMS including List of interested parties and standard operating procedures (SOPs) relevant to the Division, as part of DRAP Quality Management System.
8. Internal QMS Audit of the Division was also conducted.

iv. Prepared guidance for manufacturing of medical devices in a combined facility alongwith pharmaceuticals.

v. Prepared the checklists for guidance of applicants and evaluators for efficient processing of license and enlistment/registration applications of medical devices

vi. Series of meetings with syringe importers and manufacturers on promoting the manufacturing and use of auto-disable syringes.

vii. Drafted amendments in Medical Devices Rules, 2017.

WAY FORWARD / FUTURE PLANS AND GOALS.

Strengthening of the Division with reference to capacity building of officers, increase in the number of officers/officials, timely disposal of received applications, implementation of online system for receiving and processing of licensing and registration applications and acquisition of related facilities.

CONTROLLED DRUGS DIVISION, DRAP

Introduction: Controlled Drugs Division, DRAP in consultation with the Federal Government is responsible for regulation and allocation of Quota of Narcotic Drugs, Psychotropic Substances and Precursor Chemicals.

A number of psychoactive/chemical entities having important therapeutic uses are regulated internationally through UN Conventions. There are three categories of controlled substances, namely: -

i. Narcotic Drugs
ii. Psychotropic Substances
iii. Precursor Chemicals

Substances in above categories which are registered as drugs are regulated under DRAP Act, 2012 and Control of Narcotic Substances (CNS) Act, 1997, which provides framework for the regulations of production, sales, storage, import and export of these substances in Pakistan. Ministry of Narcotics Control is the competent authority to enforce this Act in collaboration with DRAP and Anti-Narcotics Force (ANF).

Under the CNS Act 1997, a Committee*i.e.*, Committee for Allocation of Quota of Controlled Substances (CAQCS)was notified under the chairmanship of Secretary, Ministry of Narcotics Control, (MNC), Director General, Anti-Narcotics Force (ANF) or his representative as member and Director Controlled Drugs, DRAP as member/secretary of the Committee, responsible for quota allocation of controlled substances to various pharmaceutical firms as per procedure and dealing with other matter connected therewith.

Mandate: According to DRAP Act, 2012. Controlled Drugs Division, DRAPshall in consultation with the Federal Government be responsible for regulation and allocation of quota of narcotic drugs, psychotropic substances and precursor chemicals and to perform other functions connected therewith.

Functions: As Secretariat of the Committee for Quota Allocation of Controlled Substances (CAQCS), the Controlled Drugs Division, DRAPhas to deal with all the matters of Controlled Substances namely Allocation, Import, Export, Coordination/Liaison, etc. This includes detailed technical scrutiny of hundreds of applications for allocation of controlled substances, compilation of data relating to import, export and consumption of controlled drugs for submission to International Narcotics Board, issuance of permits for import, export and local procurement etc. The division also reports quarterly and annually various statistics related to controlled substances to International Narcotics Control Board as per requirements of UN conventions.

Rules: Controlled substances (used as medicines) areregulated under DRAP Act, 2012 and the Control of Narcotic Substances (CNS) Act, 1997 and rules framed thereunder.

Goals of the Division: The main aim of the Controlled Drugs Division, DRAP is to ensure smooth supply of medicines containing controlled substances to needy patients by timely allocation of quota of controlled substances to various applicant firms. The division also facilitates export of medicines containing controlled substances by processing the application received for quota allocation of controlled substances for export purpose. Further division also ensures effective coordination with the other national and international agencies involved in regulation of controlled substances

Staffing position: The Division works under the supervision of Director who is responsible for smooth functioning of the division. Director of the division is also Secretary of the Committee (CAQCS) which is responsible for quota allocation of controlled substances to applicant firms. The Director is assisted by one Additional Director, one Deputy Director (on additional charge) in the Division andthree Assistant Director as per sanctioned strength of the division. Currently post of one Assistant Director is lying vacant. The post of regular Deputy Director is also lying vacant.

Key Performance Indicators: The key performance indicator of this division is the number of applications for quota allocation received for quota allocation v/s number of quota allocation letter issued. The division during the previous year has processed all the applications received for quota allocation of controlled substances and applications received for export of medicines containing controlled substances. The decisions of the CAQCS were communicated timely to all the applicants.

Key Activities of the Division:

The vital statistics depicting performance of the Division during the reporting year are as under:

No. ofmeetings of the Committee for Quota Allocation of Controlled Substances (CAQCS).	**05 meetings**
No. of Import Authorization permits issued to various pharmaceutical firms for Psychotropic Drugsto manufacture/testing of their registered product containing **Psychotropic substances**	**295**
No. of Import Authorization permits issued to various pharmaceutical firms for Narcotics Drugs for manufacture/testing of their registered product containing **Narcotics substances**	**24**
No. ofImport Authorization permits issued to various pharmaceutical firms for Precursor Chemicalsto manufacture/testing of their registered product containing **Precursor chemicals substances.**	**10**
No. ofAllocation **letters of Precursor Chemicals (Ephedrine& Pseudoephedrine)** for local purchase issued to various firms to manufacture their registered products containing Precursor Chemicals	**47**
No. of **Export Authorization** issued to various firms for export of medicines	**09**

No. of **Recommendation letter** of narcotic drugs issued for hospital located in ICT, Islamabad for issuance of NOC by Ministry of Narcotics Control for procurement of narcotics drugs	**14**
No. of Destruction **of Expired Controlled substances** (A.P.I/ Finished dosage form)	**09**
Total No. ofcasesdispose of related to quota allocation of controlled substances in 06 meetings including deferred cases for quota allocation of controlled substances	**496**
No. of **miscellaneous matter** related to controlled substances dealt by the Division received from Ministry of narcotics control, ANF, international enforcement agencies etc.	**136**
No. of **Annual & Quarterly statistical reports submitted to INCB** as per UN Conventions	**12**
No. of NOC cases processed for issuance of Ground Check NOC by Ministry of Narcotics Control	**88**

- The Division in collaboration with Ministry of Narcotics Control and Anti-Narcotics Forcepreparedtwo **(2)** new SOPs related to quota allocation of controlled substances and **revised four (04)** already existing SOPs. Stake holders were also consulted in the process.
    1. SOP for Quota Allocation of Controlled Substances for Local Consumption
    2. SOP for Quota Allocation of Controlled Substances for Export Purpose
    3. SOP for Quota Allocation of Pharmaceutical Products containing Narcotic Drugs in Finished Form to the Hospitals located in ICT, Islamabad.
    4. SOP for Destruction of Controlled Substances (API, Finished Form, Pre-Cursor Chemicals, etc.)
    5. SOP / Pre- requisites for Quota Allocation of Controlled Substances for Government Hospital(s) / Institution(s). **(New SOP)**
    6. SOP for Quota Allocation of Controlled Substances for Basic/Semi-Basic Manufacturing (API of Controlled Substances)/Precursor Chemicals. **(New SOP).**
- Furthermore, the Division has also started working on E-office as per direction of the Authority with 100% compliance.
- **Future Goals of the Division:**

    i. The main future goal of this division to strengthen the mechanism of regulation to avoid any illicit use of the controlled substances allocated to various applicant firms to ensure smooth supply of medicine containing controlled substances to all the needy patients in the country.
    ii. The division is alsofacilitating the industry to enhance the export of quality medicines containing controlled substances to generate valuable revenue for the country.
    iii. The Division of Controlled Drugs, DRAP is palnning on the educational programs for the target audience to restrict the misuse/irrational prescribing/ self-medication of controlled substances.
    iv. The Division is also working comprehensively to address the shortages of medicine containing controlled substances and various measures are taken to resolve the issue including working on estimation of country's Annual Legitimate Requirement (ALR) of controlled substances
    v. Furthermore, the Division in consultation with stake holders is also working on mechanism of national control of drugs possessing serious abuse potential such as Ketamine, Tramadolete.
    vi. The Division has also working to digitalize all its functions related to allocation of quota of controlled substances in order to facilitate the stake-holders and improve transparency

DIVISION OF BUDGET & ACCOUNTS

(i). By efficient and timely investment of surplus funds DRAP fund earned Rs. 79.6 million and CRF earned Rs. 268 million during the financial year 2021-22. This income was earned by the accumulative investment of PKR 2.14billion in Pakistan Investment Bonds (PIBs) and PKR 900 million in short-term securities in the FY 2020-21 out of surplus funds of the Central Research Fund. As far as the DRAP Fund is concerned, PKR 876.4 million is invested out of surplus funds in Treasury Bills during the FY 2021-22.

(ii). The Budget and Accounts division hasopened a WEBOC account of DRAP and operated it for clearance of donation shipment oflaboratory equipment to CDL by USP. By dint of this account, DRAP can now import goods directly from the manufacturer abroad.

(iii). The Budget and Accounts division submitted the proposal for the exemption of customs duty (amounting to PKR 31 million) on the donation by USP that got approved by the Federal Government. Thus, the DRAP has received the donation of laboratory equipment without the imposition of customs duty.

(iv). The Budget and Accounts division has timely paid salaries to DRAP employees and has timely paid vendors against expenses committed.

(v). Ilyas Saeed & Co., the external auditors for FY 2020-21 has completed the audit and furnished the audit report.

(vi). The return for the FY 2020-21 was filed on time. In addition to this, all withholding taxes were deposited in time as required under Income Tax Ordinance 2001 and the Sales Tax act 1990.

DIVISION OF QUALITY ASSURANCE AND LABORATORY TEST

SUMMARY OF THE ACTION TAKEN BY FEDERAL INSPECTOR OF DRUGS (DRAP) DURING THE YEAR 2021-22 (July 21 TO June 22) As per Financial Year																		
Area	Pharmaceutical Units Inspected	MDMC Inspection	Health & OTC Inspection	Medical Stores/ Hospitals Inspected	Samples Tested	Sub-Standard	Un-Registered	Spurious	Shops/premises Sealed	Not to dispose off	Seizure	Cases referred to Boards (DRB/CLB)	F.I.R's lodged Prosecution launched in		Drug Court Attendance	Cases decided by the Drug Court	Imprisonment/ Fine imposed by Drug Court	Area
Karachi	215	25	53	232	380	11	12	2	1	6	2	15	0	0	168	0	0	Karachi
Lahore	258	29	78	861	122	5	0	0	4	32	5	146	0	0	30	0	0	Lahore
Islamabad	106	3	14	166	15	8	0	0	1	2	3	11	0	0	21	0	0	Islamabad
Peshawar	171	82	42	359	101	6	0	0	4	72	32	50	0	0	57	0	0	Peshawar
Quetta	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Quetta
Total	**750**	**139**	**187**	**1618**	**618**	**30**	**12**	**2**	**10**	**112**	**42**	**222**	**0**	**0**	**276**	**0**	**0**	**Total**

DIVISION OF DRUG LICENSING

Division of Drug Licensing has been setup under Drug Regulatory Authority of Pakistan Act, 2012 (XXI of 2012) which is responsible for the licensing of the drugs manufacturing facilities and to perform other functions connected therewith.

1. Central Licensing Board (CLB)

Central Licensing Board is a statutory body for licensing of drug manufacturing facilities. CLB has been setup under section 23 of the Drug Regulatory Authority of Pakistan Act, 2012 (XXI of 2012) read with Clause (1) of Section 5 and Section 43 of the Drugs Act, 1976 (XXXI of 1976).

2. Brief Procedure for Grant of a Drug Manufacturing License:

1.	• Receipt of application for site verification • Verification of suitability of site by Area FID for establishment of Pharmaceutical Unit. • Approval of site for establishment of Pharmaceutical Unit.
2.	• Receipt of Layout Plan • Scrutiny and Approval of Layout Plan • Construction of Factory Premises by applicant
3.	• Receipt of application for grant of License on prescribed Form along with requisite documents & Fee. • Panel Inspection before grant of Drug Manufacturing License (DML)
4.	• Consideration of application by Central Licensing Board (CLB) in the light of panel inspection report. • Approval for grant of DML by CLB. • Issuance of DML for a period of five years.
5.	• Step 3 & 4 for renewal of DML.

Vision/Objectives :

The vision / objective of the Licensing Division DRAP is to encourage local manufacture of Active Pharmaceutical manufacturers (APIs) and manufacture of drugs By way of Formulation, By way of Basic-Manufacture, By way of Semi-Basic Manufacture and By way of Re-packing.

2. Functions :

I. Processing of applications regarding Site Verification and Site Approval for establishment of pharmaceutical facilities.
II. Processing of applications regarding Grant and renewal of Drug Manufacturing License By way of Formulation, Basic Manufacturing, Semi-Basic Manufacturing, Re-Packing and License for experimental purpose.
III. Processing of applications regarding Layout plan for establishment of firm/company by way of Formulation, BasicManufacturing, Semi-Basic Manufacturing.
IV. Processing of applications regarding Approval of technical staff of firm/company by way of Formulation, Repacking, Basic Manufacturing and Semi-Basic Manufacturing.
V. Processing of applications regarding Change of Title /Management/Legal status of Pharmaceutical Firms. By way of Formulation, Repacking, Basic Manufacturing and Semi-Basic Manufacturing.
VI. Data Compilation and Updating Record related to Licensing Division, DRAP.
VII. Preparation of Agenda and minutes of Central Licensing Board.
VIII. Dealing with court cases relevant to Licensing Division, DRAP and issuance of minutes of the meeting of the Central Licensing Board.
IX. Responding to Assembly/Senate questions relevant to Licensing Division, DRAP.
X. Preparation of agenda for DRAP Authority and Policy Board.
XI. Preparation and Submission of Monthly Progress Reports of Licensing Division, DRAP.
XII. Disposal of requests of Inspectors of Drugs regarding Provision of information related to Management and Technical Persons of Pharmaceutical Firms.

3. **Results achieved during July 2021 to June 2022**

S.#	TYPE OF ASSIGNMENT	NO. OF CASES / WORK DISPOSED OFF
1.	Processing of application for verification of site for establishment of pharmaceutical units	110
2.	Approval of building layout plans / expansion/additional sections/regularization	330
3.	Panels constituted for inspections for grant of additional sections	152
4.	Grant/approval of additional sections by CLB	134
5.	Processing of application for approval of technical staff (Production Incharge & QC Incharge)	176
6.	Panels constituted for inspection for grant of new drug manufacturing licenses	62
7.	Grant of New Drug Manufacturing Licenses	56
8.	Panels constituted for inspection (s) of pharmaceutical units for renewal of drug manufacturing licenses	213
9.	Grant of Renewal of Drug Manufacturing Licenses	196
10.	No of inspection books issued	11
11.	Change of company names/ title / management of firm	110
12.	Processing of Miscellaneous matters	960

5)Key Activities Conducted during 2021-2022

1) Matters pertaining to Pakistan Citizen Portal were dealt on priority.
2) Meetings of the Committee on layout Plan were conducted and decisions communicated accordingly
3) Meetings of the Central Licensing Board conducted and decisions communicated accordingly.

7) Future Plans /Way Forward

S.No.	Proposed Reforms by Min/Div/Autonomous Org/Wings etc	Proposed Timelines by the Min/Div
2.	Encouraging local manufacture of Active Pharmaceutical manufacturers (APIs) to save exchequer as well as lowering the reliance/dependence on import from other countries of the world.	On going
3.	Encouraging local manufacture of Biotech and specialized products.	On going
4.	Automation of processing of applications for grant / renewal of licenses and other ancillary functions like change of technical staff, approval of layout plan, endorsement of change of management / title etc.	On going

DIVISION OF PHARMACEUTICAL EVALUATION & REGISTRATION

➢ PERFORMANCE OF PE&R DIVISION FROM 1ST JULY-2021 TO 30TH JUNE-2022:

Division of Pharmaceutical Evaluations and Registration (PE&R)of DRAP is responsible for the evaluation, assessment and registration of locally manufactured human & veterinary and Finished Imported Pharmaceuticals drugs. Application received for registration of above stated category are evaluated by Pharmaceutical Evaluation Cell of PE&R Division and then placed before Registration Board constituted under Section 7 of Drugs Act, 1976. From 1st July, 2021 to 30th June, 2022, 09 meetings of Registration Board (M-309 – M-317) were conducted and performance of PE&R Division is as under:

Sr.No.	Description	Total No.
1.	Registration of Local Manufactured Human &Veterinary and Imported Human &VeterinaryDrugs.	3,834
2.	Registration of Drugs for Export Purpose Only.	1,587
3.	Cases of Post Registration Variation Approved Products.	3,418
4.	Applications received for renewal of registration	8,856
5.	Product cancelled due to non-submission of renewal application with in due date	574
6.	Total Cases Presented Before Registration Board	3157

DIVISION OF PHARMACY SERVICES

FUNCTIONS:

As per DRAP Act 2012, the Division of Pharmacy Services is mandated to develop and promote Pharmacy Services which is defined in the Act as under:

"Services rendered by a pharmacist in pharmaceutical care, selection, posology, counseling, dispensing, use, administration, prescription monitoring, pharmacoepidemiology, therapeutic goods information and poison control, pharmacovigilance, pharmacoeconomics, storage, sales, procurement, forecasting, supply chain management, distribution, drug utilization evaluation, drug utilization review, formulary based drug utilization and managing therapeutic goods at all levels including pharmacy, clinic, medical store, hospital or medical institution."

RESULT ACHIEVED DURING THE YEAR JULY 2021 TO JUNE-2022.

1. Approval of Pharmacovigilance Rules, 2022 by the Federal Government vide S.R.O 540 (I)/2022 dated 22nd April, 2022.
2. Notification of Pharmacovigilance Risk Assessment Expert Committee (PRAEC) by the DRAP dated 10th Jun, 2022.
3. Notification of National Pharmacovigilance Center under the Division of Pharmacy Services by the DRAP dated 10th June, 2022.
4. Notification of Ethical Marketing to Healthcare Professionals Rules 2021 vide S.R.O 1472(I)/2021 dated 12th November, 2021
5. Notification of NEML 2022 dated 12th Dec, 2021.

KEY ACTIVITIES CARRIED OUT DURING THE YEAR JULY-2020 TO JUNE-2021.

1. 25,879 adverse events following immunization / adverse drug reactions collected and entered in the Vigiflow database.
2. 75 reports of which causality assessment is performed.
3. 21,017 details of adverse drug reactions and adverse events following immunization transferred to VigiBase (Global Database).
4. Developed the document of the Human Resources development plan of the National Pharmacovigilance Centre.
5. Revision and approval of High Alert medication list of National Pharmacovigilance Centre.Adverse Events Reporting guidelines for patients & relatives of patients effective since 17.03.2022.
6. Adverse Event Reporting guidelines for healthcare professionals effective since 26.04.2022.
7. Adverse Event Reporting guidelines for patients, care takers and consumers of effective since 26.04.2022.
8. Guidelines on good pharmacovigilance practices for registration holders effective since 14.04.2022.
9. Guidelines on Pharmacovigilance for Public Health Programmes effective since 25-05-2022.
10. Processing & arrangement of a one-day pharmacovigilance training session for pharmacists of public and private sector hospitals of Islamabad at Shifa International hospital on 19th May, 2022.
11. Participation in Signal Review regarding Bedaquiline.
12. Meetings with stakeholders on working & challenges of AMR and improvements in systems.
13. Strategy to counter sale of drugs without prescription (Virtual meeting convened, reports prepared and shared with stakeholders.
14. Med safety mobile app updated to include reporting form for AEFIs.
15. Processing NEML 2021 for notification by the Federal Government.
16. Working on and processing 16 complaints received through PMDU.
17. Processing & arrangement of a one-day pharmacovigilance training session for pharmacists of public and private sector hospitals of Rawalpindi at Holy Family Hospital on 20th July, 2022.
18. Development of Pharmacovigilance Module in PIRIMS database of DRAP and subsequent arrangement of a one-day training session of officers / staff of Division of Pharmacy Services on 29th July, 2022.
19. World Patient Safety Day 2021.

STATISTICS OF APPROVAL OF APPLICATION DISCUSSED IN CLINICAL STUDY COMMITTEE (CSC): 219

S.No	CSC Meeting	No. of application discussed	Clinical Trial Sites	Clinical Trials	BA/BE Sites	BA/BE Studies	CRO	Bioanalytical Laboratory	Inspection Reports	Misc. Applications
01	29th	09	01 Approved	03 Approved	---	---	---	---	03	05
02	30th	06	02 Approved 01 Deferred	02 Approved	---	---	---	---	03	01
03	31st	10	04 Approved	01 Deferred	---	---	---	---	04	05
04	32nd	30	02 Approved	02 Approved 01 Withdrawn	01 Approved	02 Deferred	---	---	03	22
05	33rd	19	06 Approved	---	01 Deferred	---	04 Approved	01 Approved	12	05
06	34th	25	02 (Recommended for Inspection)	03 Deferred 01 Approved	---	01 Deferred	02 (Recommended for Inspection)	01 (Recommended for Inspection)	---	15
Total	**06**	**99**	**18**	**35 Approved**	**02**	**03**	**06**	**02**	**25**	**53**

WAY FORWARD/ FUTURE PLANS AND GOALS.

i. Integration of Provincial / Regional / HospitalPharmacovigilance Centres into the National database.
ii. Arrange meetings/seminars/training sessions on pharmacovigilance and antimicrobial resistance.
iii. Good Clinical and Pharmacovigilance Practice inspections.
iv. Policy working regarding advertisement of therapeutic goods
v. Development of online system for AMC data submission
vi. Development of online system for Marketing and promotion expenditure data submission
vii. Revision of Guidelines on National Pharmacovigilance System
viii. Convening meetings of PRAEC.

RELEVANT STATISTICS IN TABULATED FORM

Sr. No.	ACTIVITY	Numbers
1.	Meeting of Clinical Studies Committee Convened	06
2.	No Clinical Trials/Studies Approved	35
3.	Nos of Clinical Trial Sites approved	15
4.	No of BA/ BE Sites approved	01
5.	No of Contract Research Organization (CRO) approved	06
6.	No of Inspection of sites done	03
7.	Adverse drug reactions&. AEFI entered in VigiFlow	25,879
8.	Causality Assessment of ADRs performed.	75
9.	No of AEFI and ADRs were transferred to VigiBase (Global database).	21,017
10.	Meeting of Committee on Advertisement Convened	05
11.	Disposal of Cases of Advertisement	33
12.	Complaints answered which received through PMDU	16
13.	Training sessions on Pharmacovigilance	04
14.	Training conducted on Antimicrobial Resistance and Stewardship	01

DIVISION OF BIOLOGICAL EVALUATION & RESEARCH (DBER)

a) Brief Background/ Introduction:

Drug Regulatory Authority of Pakistan (DRAP) is a statutory body established on 13th November 2012 under DRAP Act, 2012 to regulate manufacture, import, export, storage, distribution and sale of therapeutic goods which *inter-alia* Biological Drugs.
Biological drugs produced by biological systems, and which require standardization by biological assay according to the relevant and updated recommendations of the World Health Organization published in Technical Report Series and Biological Standardization Report.

Biologicals includes: -

Blood products, Immunological products, In vivo diagnostics, Antigens, cytokines/antibodies/cells injected to elicit a biological response, Vaccines including Toxins and venoms, Immuno-stimulants of biological origin, Biotechnology products.

Following are other types of Biological Drugs:

a. Reference Biotherapeutic product (RBP) means an originator biological drug product that was licensed on the basis of a full registration dossier. It does not refer to measurement standards such as international, pharmacopeial, or national standards or reference standards.
b. Biosimilar biological drugs mean Similar Biotherapeutic Product (SBP) which is similar in terms of quality, safety, and efficacy to an already licensed reference biotherapeutic product.
c. Similarity means absence of a relevant difference in the parameter of interest.

No human biological drug is allowed sale and use until a "Lot Release Certificate" from the Federal Government Analyst of the National Control Laboratory for Biologicals, Islamabad has been obtained.
National Control Laboratory for Biologicals (NCLB) was created by the Ministry of Health Government of Pakistan vide SRO No. 491 (I) 2000 dated July 10, 2000. The main purpose for the creation of this specialized laboratory was to fulfill the international obligation of World Health Organization (W.H.O.) to monitor the quality of locally produced and imported vaccines and other biological products derived from human and animal blood.
The role of NCLB is further strengthened by the international donors' mandatory requirement that all locally produced vaccines being supplied to EPI program should be independently tested by NCLB through a Lot Release System as per the six recommendations of W.H.O. applicable to all countries that are manufacturing vaccines and biologicals.

b) Vision/ Objective:

We believe in health for all through access to therapeutic goods for advancement in health care system in Pakistan. Management of Drug Regulatory Authority of Pakistan is committed and endeavor to ensure access to safe, quality, and efficacious therapeutic goods and the earliest availability of the latest treatment opportunities for people of Pakistan. We are determined to work in highly professional manners at par with international standards and best practices. We, together with our partners, ensure compliance of therapeutic goods with statutory and regulatory requirements. We are dedicated to offer equivalent growth opportunities, ensure transparency and accountability with continual improvement of quality management system as per international standard ISO 9001:2015.

c) Functions:

The Division of Biological Evaluation & Research (DBER) was enacted as one of the divisions of Drug Regulatory Authority of Pakistan, after the promulgation of DRAP Act, 2012. Under the said Act, the division is responsible for following functions related to human and veterinary biological drugs:

1. Licensing of Biological Section.
2. Evaluation of Registration Application.
3. Assessment of Registration Application.
4. Registration of Biological Drugs.
5. All the functions of National Control Authority for biologicals as required for the prequalification by WHO of locally manufactured human biological drugs i.e. Licensing, Registration, AEFI, Post registration surveillance, Lot release and Laboratory access.

DBER is already performing evaluation, assessment and registration through Registration Board of human and veterinary biological as per Drug Act 1976 and Rules framed there under. The licensing of biological manufacturing facilities is executed by the Division of Licensing with DBER assistance, AEFI by Division of

assistance and Lot release & Laboratory access by NCLB. The principal function of NCLB is the certification of each lot of vaccine on the basis of protocol review, and/or random laboratory and animal testing so as to ensure that the product complies with the requirements and specification established and approved during the registration and licensing procedure. Under W.H.O. recommendations the NCLB Lot Release Certificate is accepted by the vaccine importing countries.

d) to f) <u>Key Activities Carried out during 2021-2022 along with results achieved by DBER</u>

Sr.	Activity	Quantity
1.	Total No. of cases processed through Registration Board Meetings	225
2.	Total No. of Human Biologicals registered	86
3.	Total No. of Veterinary Biologicals registered	54
4.	Total No. of Human Biologicals registered for Export purposes	21
5.	Total No. of Post Registration Variations (PRVs)	113
6.	Total No. of Emergency Use Authorization (EUA) granted for COVID	01
7.	Total No. of miscellaneous applications processed including Senate / National Assembly Questions, PM Portal complaints, internal external correspondence, etc.	190
8.	Court Cases/Legal Proceedings/ Appellate Board with various Courts including Federal Ombudsmen (*Wafaqi Mohtasib*).	05
9.	Development of divisional SOP documents	05
10.	Participations in International training	00
11.	Participation in National training.	10
12.	Participation in Clinical Committee meetings for COVID-19	06
13.	Participation in NDMA for technical and procurement committee meetings of vaccines	11
14.	Participation in Strategic Export Control Division meetings at MoFA	07
15.	Human Resource Development (***staffing position***)	01 – Director 01 – Additional Director 00 – Deputy Director 04 – Assistant Directors. 02 – Assistants

g) <u>Key Performance Indicators:</u>

As per approved SOPs, following are the KPIs of DBER:

1. Number of registration applications processed by Asst. Director, BE&R & Dy. Director, BE&R Vs. Assigned by Director, DBER.
2. Number of renewal applications processed by Asst. Director, BE&R & Dy. Director, BE&R Vs. Assigned by Director, DBER.
3. Number of cases of Post Registration Variations processed by Asst. Director, BE&R & Dy. Director, BE&R Vs. Assigned by Director, DBER.
4. Number of court cases processed by Asst. Director, BE&R & Dy. Director, BE&R Vs. Assigned by Director, DBER.
5. Number of Senate questions/ assembly processed by Asst. Director, BE&R & Dy. Director, BE&R Vs. Assigned by Director, DBER.
6. Number of draft documents prepared for QMS related functions/tasks/procedures Vs number of functions/tasks/procedures assigned by Director, DBER.
7. Number of miscellaneous tasks performed by Asst. Director, BE&R & Dy. Director, BE&R Vs number of tasks assigned by Director, DBER.

h) <u>Future Plans:</u>

i) Guidelines and procedures will be developed to full fill the requirement of DRAP Act, 2012 for separate Biological Registration Board in the line of Registration Board for Medical Devices.

ii) Automation of processing of applications for online submission of registration application of biological drugs.

iii) Implementation of Internationally accepted standards/ guidelines for evaluation & review of biological drugs i.e. application on CTD format for registration of biological drugs.

iv) Capacity building of Division by sufficient trainings, conferences, seminars and workshops for technical staff to develop liaison with the developed regulatory agencies and with neighboring regulatory agencies for continuous improvement, capacity building and implementation of updated international guidelines & procedures in regulatory system to evaluate the highly advanced Biological products. Retention of trained staff in respective technical domains instead of transferring to other technical domains for improvement in regulatory framework.

respect of medical negligence, misconduct or violation of any obligation under this Act, or any rules or regulations or directions of the Pakistan Medical Commission.

The following table provides statistics of complaints received and disposed of by Disciplinary Committee.

Total Number of Fresh Complaints	248
Preliminary Disposal	22
Show Cause Notice issued	88
Hearings/Case disposed of	79 (47 old+ 32 Fresh)
Disposal of old PM&DC cases pending for approval of Council	63
Total No. of cases decided	142

To simplify the process for filing complaints by ordinary citizens against medical and dental practitioners, the PMC has introduced online complaint portal for lodging complaints of professional negligence. It is pertinent to note that since the promulgation of PMC Act, 2020 the influx of complaints of medical negligence/misconduct has increased significantly.

The Disciplinary Committee of PMC has received total number of 248 fresh complaints. Out of these 248 complaints, 88 Show Cause Notices have been issued whereas 22 cases have been disposed of on preliminary stage. From January 2021 onward, the Disciplinary Committee has conducted multiple hearings and 79 cases have been decided/disposed of. These 79 decided cases include 32 fresh cases whereas the remaining 47 cases are old matter which were filed before the erstwhile PM&DC. In total the Disciplinary Committee has decided/disposed of 142 cases so far since 25 September 2020.

List of cases heard and disposed of against medical and dental institutions is as follows:

Total number of hearings against Medical & Dental Institutions	68
Admissions in Violation of the Pakistan Medical Commission Act 2020 and Admission Regulations (Amended) 2020-21	54
Regularization of admission of 95 students admitted post 08th March, 2021 (Session 2020-21) in a matter of **42 Colleges**	1 consolidated order passed
Show Cause Notice issued **to 5 dental colleges** for admitting MDCAT failed students for Session 2020-21	1 consolidated order passed
Disciplinary Committee disposal of complaint against Colleges	12

- **Admission Irregularities by the Medical and Dental Colleges (Session 2020-21)**
  Numerous complaints were filed with the PMC regarding admission irregularities which included admissions after closing of admission deadline, lack of transparency in interview process and merit lists, seeking fee deposit before completion of admission process, imposing unfair terms and conditions regarding fee charged to students and such other matters. In view of aforementioned complaints, documents of total 1007 students were

S.No.	Initial	Seat Enhancement	Re-Inspection	Total
1.	11	11	00	22

Total 38 Postgraduate inspections were conducted by the division.

CONTINUING MEDICAL EDUCATION DEPARTMENT

This newly established department is in the process of developing the draft of policies for consideration by the Council.

Litigation

The Legal Department of the Pakistan Medical Commission (PMC) has a team of well-trained lawyers with a background of litigation and regulatory experiences. Legal Department apart from providing assistance in enforcement of regulatory measures of the PMC is also defending the challenges brought against the decisions and policies of PMC in court of law.

Pursuant to the promulgation of the Pakistan Medical Commission Act, 2020 the PMC has vigorously pursued the court cases and has successfully gotten a colossal amount of court cases disposed of, with favorable outcome. Following is the detail of cases before different courts:

Cases Details From September 2020 till July 2022			
Court	Total No. of cases	Disposed of	Pending
Supreme Court	95	19	73
High Court	1063	715	348
Lower Courts	207	56	151
Total	1365	790	575

1. Legal department also actively handles complaints filed against the PMC by practitioners and students on various matters before the Federal Ombudsman. Following is the detail of cases before the Federal Ombudsman from September 2020 till July 2022:

Total Number of Case	Disposed off	Pending/Report submitted
240	89	151

DISCIPLINARY CELL

The Disciplinary Committee of Pakistan Medical Commission (PMC) constituted under section 32 of the Pakistan Medical Commission Act, 2020 (PMC Act, 2020) is mandated to initiate disciplinary proceedings against medical & dental practitioners and recognised institutions in

1.	AJK	330	00	100	00	430
2.	Balochistan	470	54	150	00	674
3.	KPK	1435	319	1100	325	3179
4.	Punjab	3680	294	4700	1075	9749
5.	Sindh	2450	500	1850	740	5540
6.	ICT	100	50	750	325	1225
Total		8465	1217	8650	2465	20797
		9682		11115		

The department is in the process of monitoring the compliance of these institutions for PMC Medical and Dental Undergraduate Education (Admission, Curriculum and Conduct) Regulation 2021 (Amended).

B) Recognition of Qualifications

The Education and Evaluation Division is responsible for ascertaining whether a postgraduate program follows PMC policies and can be accepted and entered on an applicant's license. Medical & Dental qualifications have been divided into three categories:

i) Postgraduate Qualification (Medical & Dental)
ii) Alternative Qualification (Medical & Dental)
iii) Additional Qualification (Medical & Dental)

Recognized Postgraduate, Alternative and Additional qualifications during 2021-22:

S.No.	Qualifications	Total
1.	Postgraduate (Medical & Dental)	366
2.	Alternative (Medical & Dental)	341
3.	Additional (Medical & Dental)	782

C) PMC Scholarship

The department along with the Finance, IT and Legal divisions assisted the Scholar Committee in processing the scholarship cases approved by the committee. During the session, 2021-22 total 303 scholarships were granted by the Scholarship Committee.

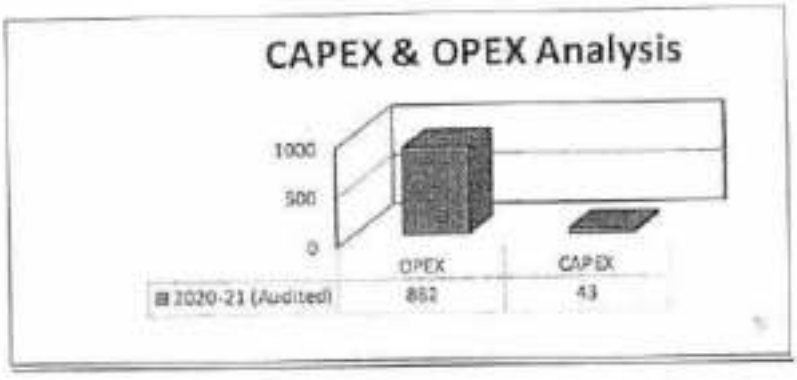
2. STANDARDS, EVALUATIONS AND CURRICULA

To provide secretarial and technical support to the National Medical and Dental Academic Board (NM&DAB) and Committee on Accreditations and Curriculum (CAC) in the development of standards and criteria for the accreditation of teaching hospitals, institutions, and accreditation standards for undergraduate, house job and postgraduate medical and dental education. The Division has also provided secretarial and technical support in the development of syllabi for the MBBS and BDS programs, Medical and Dental National Licensing Examinations (NLE), National Equivalence Board Examinations (NEB) and Medical & Dental Colleges Admission Test (MDCAT).

INSPECTIONS DEPARTMENT

The Inspection Department carries of Undergraduate Institutes, Postgraduate Institutes, and Institutes for House Job. Undergraduate inspections were carried out during 2021-22 are as under:

Grand Total	925



EDUCATION AND EVALUATION DIVISION

Introduction

The Education and Evaluation Division is responsible for implementing Council decisions in matters pertaining to academic affairs of national institutions and recognition of international ones.

The Education and Evaluation Division is divided into three departments:

1. Academic Affairs Department
2. Inspections Department
3. Continuing Education Department

ACADEMIC AFFAIRS DEPARTMENT

1. INSTITUTIONS AND ASSESSMENTS

A) Status of Medical & Dental Colleges

One of the prime responsibilities and concerns of the Pakistan Medical Commission is the improvement of the quality of medical and dental education across the spectrum of qualifications.

Province wise detail of recognized medical & dental colleges:

S.No.	Province	Public		Private		Total
		Medical	Dental	Medical	Dental	
1.	AJK	03	00	01	00	04
2.	Balochistan	04	01	01	00	06
3.	KPK	10	05	10	06	31
4.	Punjab	18	04	38	19	79
5.	Sindh	12	07	17	12	48
6.	ICT	01	01	07	06	15
Total		48	18	74	43	183
		66		117		

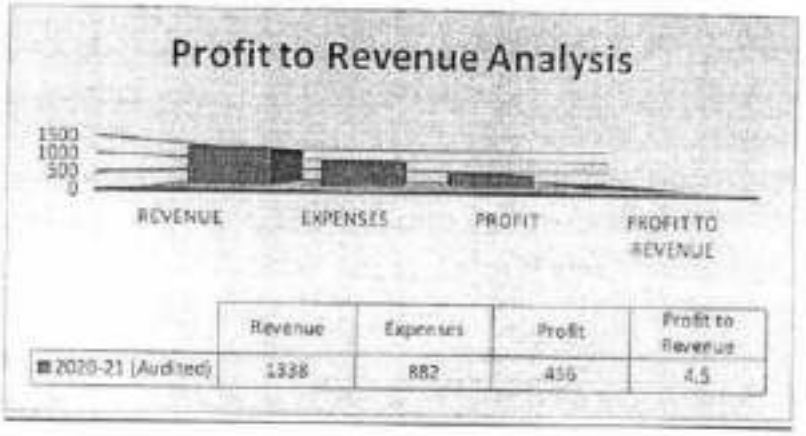
Province wise seat allocation

S.No.	Province	Public		Private		Total
		Medical	Dental	Medical	Dental	

*Rs. in Million

Profit to Revenue Analysis

Financial Year	Revenue	Expenses	Profit	Profit to Revenue
2020-21 (Audited)	1,338	882	456	34%



Revenue Analysis

PMC does not receive any budgetary grant from the Federal Government, rather, it charges fee from medical students, doctors and Institutions for registration, licensing and inspection functions which are being performed by it as per provisions of PMC Act 2020. PMC also earns interest on investment of surplus funds.

A comparative position of the Revenue for the year (2020-21) is depicted below:

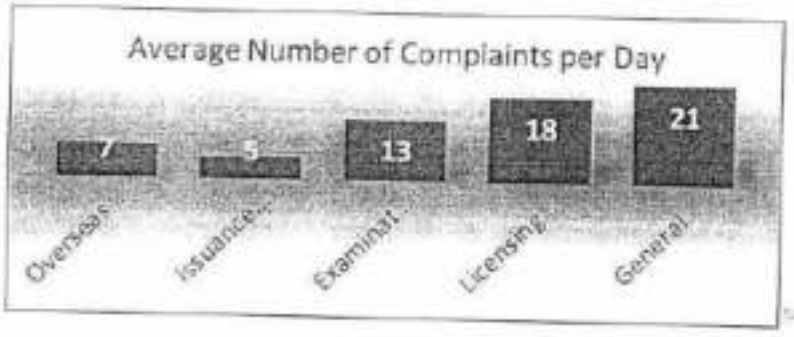
Revenue	PKR (in Millions) 2020-21(Audited)
Fee income	1,118
Profit on Investments	220
Total	1,338

Capital Expenditures and Operating Expenditures Analysis

Generating a surplus ensures a long-term sustainability of the organization, therefore, PMC strives to keep the expenditure at a reasonable level to perform its functions efficiently and economically. A comparative position of the expenditure for the last two years is depicted as under:

Expenditure	PKR (Million) 2020-21 (Audited)
OPEX	882
CAPEX	43

team is equipped to assist the individuals in resolving their ongoing issues related to payments, and registrations, provide information on the status of online applications and are readily available to register complaints on the CMS.



3. Helpline

The 24/7 helpline service is an invaluable resource for Pakistan Medical Commission. The public can call 0334-1006301 at any time in the day and thus, their queries/ concerns are attended to, without any delay.

Service delivery enveloping the average number of calls answered and received on a routine basis, via the PMC helpline/call-center is demonstrated as under:

PMC Helpline	
Average calls received per day	541
Average calls answered per day	520
Service Level	93.01%

E-Kachehri (Khuli Kachehri)

Pakistan Medical Commission conducts regular E-Kachehris to redress the complaints of the stakeholders, on a quarterly basis. This is conducted via the official Facebook page of the Pakistan Medical Commission and is streamed by over 1000 live viewers. The E-Kachehri is chaired by the Honorable (worthy) President of the Pakistan Medical Commission along with the participation of focal persons from the divisions.

E-Kachehri conducted from September 2020 - July 2022	
Total number of E-Kachehris conducted	05

PMC Financial Operations

Pakistan Medical Commission's financial operations are currently centralized at the Islamabad Head Quarter (HQ) while four regional offices at Karachi, Lahore, Quetta and Peshawar work as coordinating units.

The profit to revenue analysis has been summarized as under:

A visual presentation of the PMC CMS Website Form:

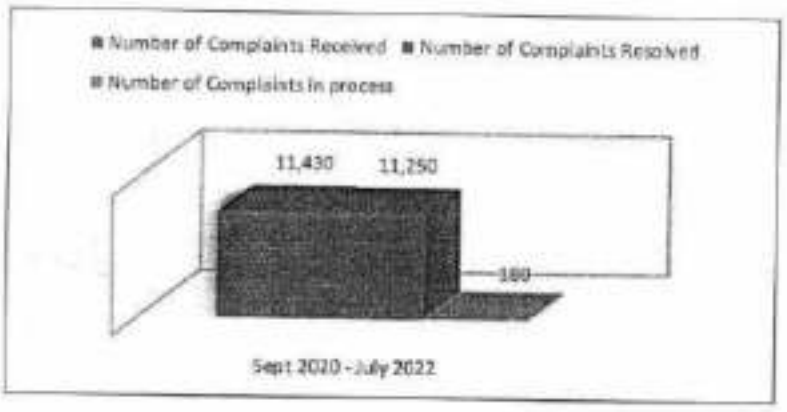
Since its launch in January 2022, the CMS has received about 29,000 complaints through its registered nodes. The complaint management system of PMC is linked with the operations as under:

1. **PMDU Citizen Portal**

Established in 2013, Prime Minister Performance Delivery Unit promotes the vision of citizen-centric and participatory governance practices. Pakistan Medical Commission has been a part of this pioneering nationwide complaint and grievance redressal mechanism known as the Prime Minister's Citizens' Portal (PCP).

The statistics for complaint management resolution through PCP from September 2020 to July 2022 are, as under:





Pakistan Medical Commission has been successful in garnering and establishing trust amongst its stakeholders through effective complaint resolution under the Prime Minister's Citizens' Portal, and is aiming to progressively make revolutionary advancements in this domain, alike.

2. **Facilitation Centre**

Pakistan Medical Commission has established a state-of-the-art Facilitation Centre. Local and Overseas doctors, students, and academicians can reach out to PMC through the Facilitation Centre where they are promptly guided and informed regarding published notifications and policies. The

5	FMH Medical College	Lahore, Punjab
6	North West School of Medicine	Peshawar, KPK
7	Quetta Institute of Medical Sciences	Quetta, Baluchistan
8	Wah Medical College	Wah, Punjab
9	Rashid Latif Dental College	Lahore, Punjab

Colleges which were allowed to re-open admissions of 100 MBBS students, are displayed as under:

Institution/s allowed to re-open admissions		
S. No	Name of the Institution	City & Province
1	Jinnah Medical College	Peshawar, KPK

Undergraduate & Postgraduate Institutions Inspected from Sep 2020- July 2022	
Total Number of Undergraduate Institutions Inspected	22
Total Number of Postgraduate Institutions Inspected	27

Complaint Management System

Pakistan Medical Commission (PMC) believes in engaging and communicating with the public and its stakeholders to help identify solutions. PMC had developed a reliable and effective complaint redressal mechanism, which is an integral part of the company's corporate strategy.

Pakistan Medical Commission responds to and reports customer grievances via its ultramodern Complaint Management System (CMS). Pakistan Medical Commission has officially launched the complaint management system on its website and has centralized the complaint resolution process by connecting all the nodes of communication into one. Complaints are being registered through the official website, 24/7 call center, via walk-ins and reflection of the complaints received on the Citizen's Portal.



250

Recognized foreign medical Postgraduate qualifications	276
Total recognized medical qualifications (Add, Alt, and PG)	709

Foreign dental programs (recognized)	
Recognized foreign dental Additional qualifications	154
Recognized foreign dental Alternative to Postgraduate qualifications	0
Recognized foreign dental Postgraduate qualifications	0
Total recognized dental qualifications	154

Total recognized local programs (dental + medical): 756

Total recognized foreign programs (dental + medical): 863

Total number of qualifications recognized to date: 1619

Inspections of Undergraduate and Postgraduate institutions

Pakistan Medical Commission, since September 2020, from the time of promulgation of the PMC Act 2020, carried out multiple inspection of the undergraduate and postgraduate institutions. With the primary facilitation of the Inspection department of PMC, UG and PG institutions had been inspected under varied domains; which are demonstrated in the Tables, as under:

Inspections of the Newly Recognized Institutions

S. No	Name of Institutions	City & Province
1	Abu Amara Medical College	Lahore, Punjab
2	CMS Dental College	Multan, Punjab
3	Jhalawan Medical College	Khuzdar, Baluchistan
4	Loralai Medical College	Loralai, Baluchistan
5	Makran Medical College	Turbat, Baluchistan
6	Saidu Dental College	Saidu, KPK

Institutions Granted Permission for Seat Enhancement

S. No	Name of Institutions	City & Province
1	Aziz Fatima Medical College	Faisalabad, Punjab
2	Central Park Medical College	Lahore, Punjab
3	CMH Kharian Medical College	Kharian, Punjab
4	Continental Medical College	Lahore, Punjab

charged by a college in Grade A. Similarly, Colleges that achieved grade C were informed of the maximum tuition fees permissible for them, i.e., 10% less than the lowest tuition fees charged by colleges in the grade B category.

The table, as under, depicts the number of private institutions that were marked for correction of information on their websites:

Grades	Medical	Dental	Total
A & A+	26	11	37
B	14	4	18
C	11	5	16
F & No score	4	8	12
Total	55	28	83

4. Recognized Local and Foreign medical and dental qualifications

Pakistan Medical Commission underlines its Education and Evaluation department as responsible for ascertaining whether a postgraduate program follows PMC policies and can be accepted and entered on an applicant's license. The research and data gathered are then sent to the Council for approval. Based on approval and/or guidance from the Council, the qualification recognition request is entertained. Following are the figures of foreign and local, medical and dental qualifications assessed and recognized by the Education and Evaluation Department to date:

Local medical programs (recognized)	
Recognized local medical Additional qualifications	251
Recognized local medical Alternative to Postgraduate qualifications	347
Recognized local medical Postgraduate qualifications	36
Total recognized local medical qualifications	634
Local dental programs (recognized)	
Recognized local Dental Additional qualifications	26
Recognized local Dental Alternative to Postgraduate qualifications	108
Recognized local Dental Postgraduate qualifications	5
Total recognized Dental qualifications local	139

Foreign medical programs (recognized)	
Recognized foreign medical Additional qualifications	433
Recognized foreign medical Alternative to Postgraduate qualifications	0

Based on inspection scores, the colleges were categorized as follows:

- 92.5% or above = A+
- 85% or above = A
- 77.5% or above = B
- 70% or above = C
- 69.9% or lower = F
- No score (scoring not done because either the institution did not fulfill the requirement/s or the inspection was done before 2010)

*Full accreditation is given to colleges that achieve a cumulative score of 85%

*Colleges that received a B grade scoring are given a year to improve their academic standards and those that achieve a C or below are given a two-year grace period for improvement.

Given below is the distribution of grades based on the inspection reports:

Distribution of grades based on the inspection reports

	A+	A	B	C	F & 'No Score'	Total
Private Medical Colleges	14	28	18	10	4	74
Public Medical Colleges	1	9	4	6	28	48
Private Dental Colleges	5	18	8	4	8	43
Public Dental Colleges	1	3	2	0	12	18
Total	21	58	32	20	52	183

In line with PMC's philosophy of transparency in its processes, a list of grading of all colleges was displayed based on their last two official inspections. After the inspection list was uploaded, a number of colleges officially requested PMC to display their grades based on the 2019 inspection scores.

3. Fee Regulations

In compliance with the PMC Medical and Dental Undergraduate Regulations 2021 (Amended), Colleges that received grade B have been informed by the department with regards to the maximum tuition fee permissible for them, which stands as a 10% less than the lowest tuition fee

ICT	750	6.7	325	2.9	1075	9.6
AJ &K	100	0.9	0	0	100	0.9
Baluchistan	150	1.4	0	0	150	1.4
KPK	1100	9.9	325	2.9	1425	12.8
Punjab	4700	42.3	1075	9.7	5775	52
Sindh	1850	16.6	740	6.7	2590	23.3
Total	8650	77.8	2465	22.2	11115	100

The provincial governments had requested Pakistan Medical Commission to increase the seat allocation to accommodate FATA students. Keeping in view this essential national service, PMC had requested the provincial governments to send their requests which were duly considered and seats were enhanced only after meeting the criteria set by the regulatory body.

The number of seats enhanced in the public sector colleges by the Pakistan Medical Commission is shown in ***Table 6****:*

Table 6

Provinces	MBBS		BDS		Total seats enhanced	
	#	%	#	%	#	%
AJ&K	30	4	0	0	30	4
Baluchistan	86	11	29	4	115	15
KPK	232	29	92	12	324	41
Punjab	280	35	44	6	324	41
Total	628	79	165	21	793	100

2. Grading of Colleges

PMC conducted inspections of medical and dental colleges and thus provided them with the opportunity to make an appeal regarding their objections. Serious consideration was given to the appeals after thorough evaluation of the evidence provided.

In the first week of July 2021, PMC uploaded a comprehensive list of Pakistani medical and dental colleges based on the last two inspection results, i.e. of 2019 and the inspection held before that.

AJ &K	1	0.85	0	0	1	0.85
Baluchistan	1	0.85	0	0	1	0.85
KPK	10	8.5	6	5.1	16	13.6
Punjab	45	38.5	25	21.4	70	59.9
Sindh	17	14.5	12	10.3	29	24.8
Total	74	63.2	43	36.8	117	100

*The current number of seats allocated to public medical and dental colleges in different provinces is shown in **Table 4**:*

Table 4

Provinces/ Areas	MBBS		BDS		Total	
	#	%	#	%	#	%
ICT	100	1	50	0.5	150	1.5
AJ &K	330	3.4	0	0	330	3.4
Baluchistan	470	5	54	0.6	524	5.6
KPK	1435	15	319	3.3	1754	18.3
Punjab	3680	38	294	3	3974	41
Sindh	24	25	500	5.2	2950	30.2
Total	8465	87.4	1217	12.6	9682	100

*The current number of seats allocated to private medical and dental colleges in different provinces across Pakistan is demonstrated in **Table 5**:*

Table 5

Provinces/ Areas	MBBS		BDS		Total	
	#	%	#	%	#	%

Public Medical	Public Dental	Private Medical	Private Dental	Total
48	18	74	43	183
26.2%	9.8%	40.4%	23.5%	
36%		64%		

The number of public medical and dental colleges registered with PMC is appended below in Table 2:

Table 2

Provinces	Public				Total	
	MBBS		BDS			
	#	%	#	%	#	%
AJ &K	3	4.5	0	0	3	4.5
Baluchistan	4	6.1	1	1.5	5	7.6
KPK	10	15.2	5	7.6	15	22.8
Punjab	19	28.8	5	7.6	24	36.4
Sindh	12	18.1	7	105	19	28.7
Total	48	72.7	18	27.3	66	100

The number of private medical & dental colleges registered with PMC is appended below in Table 3:

Table 3

Provinces	Private				Total	
	MBBS		BDS			
	#	%	#	%	#	%

Total number of Students passed the MDCAT	456
Pass Percentage (GB)	35.2%

- **Azad Jammu Kashmir**

• *MDCAT Pass Percentage (Azad Jammu Kashmir)*	
Total number of Students took the MDCAT	3,880
Total number of Students passed the MDCAT	1,478
Pass Percentage (AJK)	38.1%

Licensing Pathways

PMC developed licensing pathways, which based on the accreditation of the international undergraduate institutions of the foreign medical and dental graduates.

Foreign Graduates Licensing Pathways

Council decision on licensing pathways for Foreign Medical and Dental graduates 2022

The Medical & Dental Council duly approved New 5 Licensing Pathways for Foreign Medical and Dental Graduates 2022. List of Countries and foreign institutions recognized by the Medical & Dental Council are attached as annexures:

1. List I and List II of countries
2. List A of Foreign Institutions situated in List I of countries
3. List B of Foreign Institutions situated in List II of countries

Any country not included in List I or List II of Countries may be considered by the Medical & Dental Council for inclusion first in List II of Countries and thereafter, upgraded to List I of countries after a minimum of five years having been in List II of countries, subject to the National Medical Authority evaluating the regulator of such country and submitting its report and recommendation and an agreement being executed by the foreign regulator of such country with the Commission to provide information and access to data of all medical and dental colleges in such country.

Institutions and Assessment

1. Status of colleges Recognition

One of the prime responsibilities and concerns of the Pakistan Medical Commission is the improvement of the quality of medical and dental education across the spectrum of qualifications in the country.

The current number of registered medical and dental colleges in Pakistan is shown in ***Table 1****:*

Table 1- Registered Colleges (September 2020 - July 2022)

MDCAT National Pass Percentage	
Total number of Students took the MDCAT	194,309
Total number of Students passed the MDCAT	68,723
National Pass Percentage	35.37%

- **Punjab**

MDCAT Pass Percentage (Punjab)	
Total number of Students took the MDCAT	100,160
Total number of Students passed the MDCAT	42,890
Pass Percentage (Punjab)	43%

- **Sindh**

MDCAT Pass Percentage (Sindh)	
Total number of Students took the MDCAT	34,932
Total number of Students passed the MDCAT	7,811
Pass Percentage (Sindh)	22.3%

- **Khyber Pakhtunkhwa**

MDCAT Pass Percentage (Khyber Pakhtunkhwa)	
Total number of Students took the MDCAT	41,690
Total number of Students passed the MDCAT	12,225
Pass Percentage (Khyber Pakhtunkhwa)	29.3%

Baluchistan

MDCAT Pass Percentage (Baluchistan)	
Total number of Students took the MDCAT	7,285
Total number of Students passed the MDCAT	1,540
Pass Percentage (Baluchistan)	21.1%

- **Islamabad Capital Territory**

MDCAT Pass Percentage (Islamabad Capital Territory)	
Total number of Students took the MDCAT	4,664
Total number of Students passed the MDCAT	2,150
Pass Percentage (ICT)	46.1%

- **Gilgit Baltistan**

MDCAT Pass Percentage (Gilgit Baltistan)	
Total number of Students took the MDCAT	1,295

NEB Step-I (Medical) – December, 2021

NEB STEP-I (Medical) – Dec 2021		
Total Candidates Registered	Total Candidates Attempted	Total Candidates Passed
325	283	181

NEB Step-I (Dental) - February 2022

NEB STEP-I (Dental) – Feb, 2022		
Total Candidates Registered	Total Candidates Attempted	Total Candidates Passed
21	15	0

NEB Step-I (Medical) - June, 2022

NEB STEP-I (Medical) – June, 2022		
Total Candidates Registered	Total Candidates Attempted	Total Candidates Passed
230	203	1

NEB Step-I (Dental) held in June, 2022

NEB STEP-I (Dental) – June, 2022		
Total Candidates Registered	Total Candidates Attempted	Total Candidates Passed
4	3	0

Medical and Dental Colleges Admissions Test (MDCAT).

Pakistan Medical Commission implemented mandatory one standard medical and dental college entry test across Pakistan, giving every student an equal opportunity to apply to a medical or dental college.

MDCAT 2020-2021 Examination

The examination department conducted the MDCAT-2020 for above 121,000 candidates on the 29th November, 2020 in collaboration of National University of Medical Sciences (NUMS), Rawalpindi. A Special MDCAT-2020 for COVID-19 positive candidates was conducted on 13th December, 2020 for approximated 228 candidates. The department processed requests of MDCAT-2020 candidates for recounting through Online Recounting Request Form. The recounting of over 32000 results of candidates took place.

MDCAT 2021-2022 Examination

A record number of 194,309 students took the MDCAT from August 30, 2021, to October 2, 2021. Out of the 194,309 students, 68,723 students passed the exam resulting in a national pass percentage of 35.37%.

MDCAT National Pass Percentage

The first ever NLE Step-2 Dental was conducted successfully at School of Dentistry, Shaheed Zulfiqar Ali Bhutto Medical University in Islamabad on 21st May 2022. A total of 7 candidates marked their presence for the examination out of which 3 students passed representing a 43% pass percentage.



The NLE - Step-2 currently is mandatory only for Foreign Medical Graduates for the issuance of License

A statistical representation of all the NLE Step- I & II Medical and Dental exams conducted are summarized as under:

All NLE-1 Medical Exam Stats				
Total Candidates	Pass Candidates	Fail Candidates	Pass %	Fail %
25948	16525	9423	63.7	36.3

All NLE-2 Medical Exam Stats				
Total Candidates	Pass Candidates	Fail Candidates	Pass %	Fail %
3758	1142	2616	30.4	69.6

All NLE-1 Dental Stats				
Total Candidates	Pass Candidates	Fail Candidates	Pass %	Fail %
3637	1142	2495	31.4	68.6

All NLE-2 Dental Stats				
Total Candidates	Pass Candidates	Fail Candidates	Pass %	Fail %
7	3	4	42.9	57.1

National Equivalence Board Examination

To regularize the transfer of foreign students from international medical and dental colleges to Pakistan, the Authority approved to conduct the National Equivalence Board Examination (NEB). NEB exam stands notified to be conducted at least two times during each calendar year.

240

Medical NLE examination

Combined Result NLE-1
Medical, June 2022
Total candidates 5911



Foreign Graduates NLE-1
Medical, June 2022
Total candidates 1935



Local Graduates NLE-1
Medical, June 2022
Total candidates 3976



Dental NLE examination

Combined Result NLE-1
Dental, June 2022
Total candidates 1259



Foreign Graduates NLE-1
Dental, June 2022
Total candidates 27



Local Graduates NLE-1
Dental, June 2022
Total candidates 1232



The result of NLE Step 1 stands valid for 5 years, enabling a student to attempt and qualify the Step 2 exam during this 5-year period. The foreign medical graduates who qualified the NLE Step 1 were eligible to appear in the NLE Step 2 (clinical skills) exams. On qualifying the NLE Step 2 they stand eligible for a Full License subject to the applicable PMC Licensing Pathways.

NLE Step-2 (Medical) – January 2022

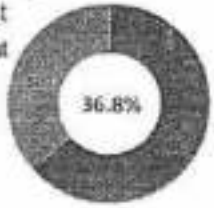
NLE-2 Medical January 2022
Total Candidates 1363



The NLE Step 2 January 2022 session for medical was conducted successfully at 8 centers located in Islamabad, Rawalpindi, Lahore (3 centers), Karachi, Quetta and Peshawar from 20th to 27th January 2022. There were a total of 1363 medical candidates for the examination out of which 355 students passed representing a 26.06% pass percentage.

NLE Step-2 (Medical & Dental) – May 2022The NLE Step- 2 Medical May 2022 session was conducted successfully at 8 centres located in Islamabad, Rawalpindi, Lahore (3 centres), Karachi, Quetta and Peshawar from 18th to 21st May 2022. There were a total of 1384 medical candidates for the examination out of which 509 students passed representing a 36.8% pass percentage.

NLE-2 Medical May 2022
Total Candidates 1384



National Licensing Examination (NLE)

Every undergraduate has to undergo a National Licensing Examination (NLE) before being issued a Full License to practice in Pakistan. The criterion for the National Licensing Examination has been introduced to assess the graduate's ability to utilize the acquired knowledge, and principles, and to demonstrate competency in clinical skills required for patient care.

NLE Step-I (Medical & Dental) – March 2022

The NLE Step I March 2022 session for medical and dental graduates was conducted successfully at 4 centers located in Islamabad, Lahore, Multan, and Karachi from 26th to 31st June 2022.

Medical NLE examination

Combined Result NLE-1
Medical, March 2022
Total candidates 7037



Foreign Graduates NLE-1
Medical, March 2022
Total candidates 2036



Local Graduates NLE-1
Medical, March 2022
Total candidates 5001



Dental NLE Examination

Combined Result NLE-1
Dental, March 2022
Total candidates 2378



Foreign Graduates NLE- 1
Dental, March 2022
Total candidates 24



Local Graduates NLE-1
Dental, March 2022
Total candidates 2354



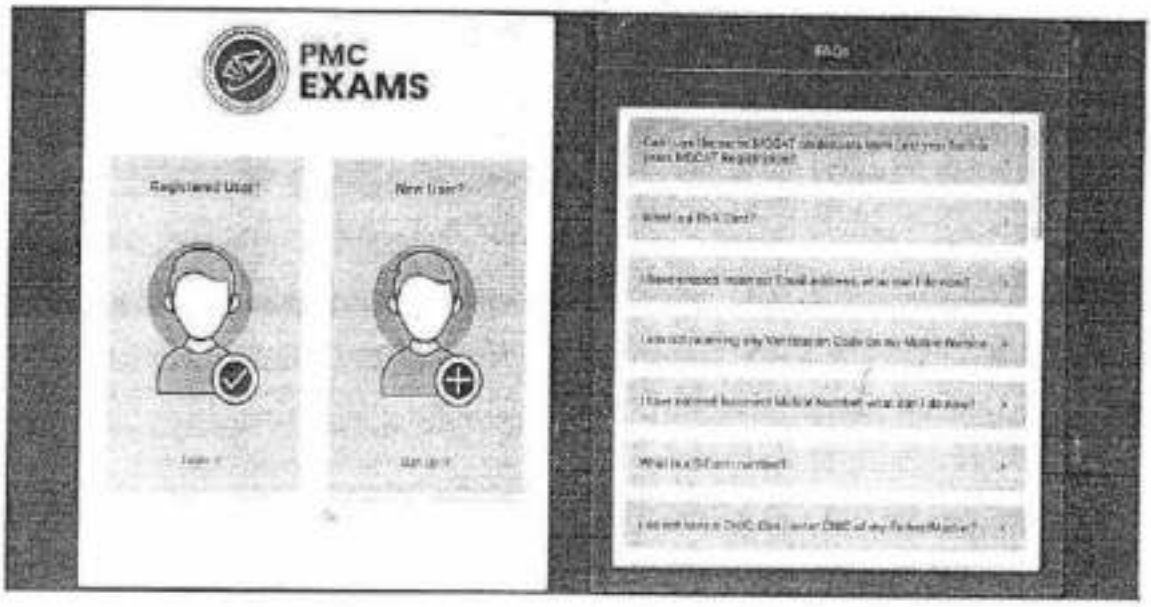
NLE Step-I (Medical & Dental) – June 2022

The NLE Step 1 June 2022 session for medical and dental graduates was conducted successfully at 6 centers located in Islamabad, Lahore, Multan, Karachi, Quetta and Peshawar from 27th June to 1st July 2022.



Examinations Online Portal

Pakistan Medical Commission, has developed an Online Examinations Portal for the registrations of all exams conducted under the umbrella of PMC by using a single Portal. These examinations bracket may envelop registration for MDCAT, NEB, and NLE. The applicants may complete their detailed profiles and thus, mark their enrollment to appear in any available exam, complementing to the eligibility criterion.



An exhibit of the Exam Registrations Portal

Licensing Online was launched in April 2021 and following are the stats since its launch from the period of April 2021 – July 2022:

Any Change in Data / License	2095
Attestation/Verification of License or Certificate of Good Standing	3466
Duplicate License	455
Extension of Provisional License	3416
Faculty Registration	6172
Full License with Foreign Postgraduate Qualification	228
Full License with Pak Provisional License	23545
Full License without Foreign Postgraduate Qualification	97
Good Standing/Practical experience	15021
Hold Form	33
Provisional License - Foreign Graduates	3347
Provisional License - Pak Graduates	27926
Registration of Postgraduate Clinical Qualification	6363
Renewal of Full License	46697
Temporary License	124
Verification of CT Form	63
Verification of Practical Experience/License or CG5(ECFMG/EPIC)	1963

Total registered medical doctors with PMC = 247,566
Male medical doctors registered = 131,274
Female medical doctors registered = 116,292

Total registered dentist with PMC = 27,428
Male dentist registered = 9348
Female dentist registered = 18,080

Institutions Online Portal

To refine the admissions process in Medical & Dental Colleges across the country and to conclude the admissions in a timely manner, PMC has provided an Institutions Portal to colleges and universities where the college can submit the admitting list and subsequently, it goes directly to the university. Once verified, the university can forward it to PMC by using the same portal. Once PMC verifies the admissions, an online invoice is generated at the college's end and when paid, the Student Registration process stands completed

Currently, all new applications are being processed on online licensing software , where the average application processing time on the online system is 4 days, in comparison to the 36-days average processing time frame, on the manual system.



A one window system has been developed in the Licensing Division where the application submitted by the Doctors directly lands on an Operator's desk and is processed by the same Operator. As soon a License is dispatched the Courier Tracking Number is provided to Doctors on their Portal real-time and Website Doctors Search data is updated.

Registration Cell

Registration Cell registers subsequently, allot the registration numbers to the students enrolled in medical and dental colleges in Pakistan.

Parading the digitalization drive at PMC, an online portal of admitted students was formed which stands accessible by the medical and dental colleges, to upload the lists of admitted students on an annual basis. Through the online portal, lists are vetted and verified by the universities and then submitted to PMC. After submission, students who have passed the exam are verified and their fee challans are generated and automatically sent to the colleges (Students' registration numbers are generated post the submission of fee).

Student registration entries by PMC in the time period of Oct 2020 – July 2022	16,012

Faculty Registration

PMC has digitalized the faculty registration process and a registration portal has been launched. The key charge of the faculty registration section transpires to register faculty members of all the undergraduate medical and dental colleges and postgraduate Institutions as a faculty.

Faculty registration processing online in time period of April 2021 – July 2022	5173

New PMC website

PMC has established a new website displaying and communicating the Council decisions, Minutes of the Council Meetings, official correspondences (electronic or conventional), Acts, Rules and Regulations, publications, important news and updates, and other key information/ details.



visual representation of the PMC Website

DIGITATAL TRANSFORMATION

Licensing Online / Digital Portals

PMC as the accountable superintendent, the Licensing department at PMC, stands responsible for the processing and issuance of license, to practice, to health care practitioners, across Pakistan.

PMC introduced its online licensing portal, to facilitate the applicants; delivering an option to submit their applications, online.



Option Tray for Doctors to apply for licensing – an extract from PMC Online

Introduction-IHRA

Islamabad Healthcare Regulatory Authority (IHRA) is an autonomous health regulatory body enacted under the Islamabad Health Regulation Act, 2018. IHRA aims to improve the quality, efficiency and safety of healthcare services delivery by adopting evidence-based regulatory standards for registration and licensing of healthcare establishments, health professionals & equipment, and developing and enforcing minimum standards of safety for patients, healthcare professionals and other staff in healthcare establishments in the Islamabad Capital Territory.

Vision:

Safe and High-Quality Healthcare Services for everyone in the Islamabad Capital Territory.

Mission:

Regulate the provision of healthcare in ICT to ensure high efficiency, safety and effectiveness in delivering health services both in public & private sector.

Performance from March 2021 t0 till date

Inspection Department

Sr #	INSPECTIONS	
1	Total Inspections	**1618**
2	Recommended HCE's	**329**
3	Suspended HCE's	**205**
4	Sealed HCE's	**318**
Sr #	**MAPPING OF HCE's**	
1	Mapping	**1854**

Complaints Department

Sr#	PMDU CITIZEN PORTAL COMPLAINTS	
1	Total Complaints	**709**
2	Resolved	**703**
3	In Process	**06**
Sr#	**WRITTEN COMPLAINTS**	
1	Total	53
2	Resolved	21
3	In Process	20

	(Apheresis Unit – Trima Accel (Terumo) provided by the vendor against the agreement and installed in the RBC for regent rental basis).	
7.	Coombs Sera	03 vials
8.	22% Bovine Albumin	03 vials
9.	NAT testing kits for NAT system (A precious NAT system – Procleix Panther (Grifols – Spain) provided by the vendor against the agreement and installed in the RBC for regent rental basis).	3500 tests
10.	ICT Test Devices: HCV Rapid	500 tests
11.	HIV Rapid	500 tests
12.	HBsAg Rapid	500 tests
13.	Syphilis Rapid	500 tests
14.	Malaria Rapid	2000 tests
15.	Yellow top tubes 5cc	10,000 tubes
16.	Alcohol Swab	300 pack
17.	Disposable gloves	200 box
18.	Glass Test Tubes 12x75mm	10,000 Nos
19.	Blue Tips	20 Pack
20.	Yellow Tips	40 Pack
21.	Gel Card for crossmatch	5000 test
Procured on 2.4.2022		
22.	Procurement of CLIA HBsAg, Anti HCV, HIV combo, and Syphilis kits (A precious Analyzer CLIA automatic with water distillation Unit (Alinity-I) provided by the vendor against the agreement and installed in the RBC for regent rental basis).	5,000 test each
23.	Triple blood bags (JMS)	150 bags
24.	Quadruple blood bags (JMS)	100 bags
25.	Purple Top tube 2cc	800 tubes
26.	Kits for Apheresis test for platelets (Terumo)	50 tests
27.	NAT testing kits for NAT system	3000 tests
28.	Yellow top tubes 5 cc	1500 tubes
29.	Alcohol Swab	45 Pkt
30.	Disposable gloves	270 Pkt
31.	Glass Test Tubes 12x75 mm	198,500 tubes
32.	Blue Tips	27 Pkt
33.	Yellow Tips	24 Pkt
34.	AHG Coombs antisera	15 vail

- Conference & Seminars, workshops, awareness events, celebration of World Blood Donor day: The workshops and awareness events are conducted during the year to raise awareness about the importance of blood donations and promote the rationale use of blood etc. Through the proposed activities the Project will promote the culture of voluntary blood donations in Islamabad as the Blood Banks in Islamabad essentially rely on the 'Family Replacement Donors' to sustain the transfusion system. Reliance on voluntary and regular blood donors will improve the blood safety standards manifold by replacing these 'Family Replacement Donors'. The Islamabad Regional Blood Centre is now developed with the support of the German government and is targeted to have 100% reliance on regular voluntary blood donors. Such activities will result in disseminating in improvement of rational use of blood and component therapy.

- Major activities conducted by Regional Blood Centre (RBC)

1. Mobilization, motivation and retention of voluntary non-remunerated blood donors;
2. On-site and mobile voluntary non numerated blood collections campaigns;
3. Mandatory testing (TTI markers) Hb of the donors and blood-grouping of donated blood;
4. Blood component preparation and storage;
5. Distribution of more than 350.00 blood and blood components to the attached hospital blood banks
6. Appropriate documentation (donor traceability, haemovigilance)
7. Proper incineration of the infectious blood waste.
8. Training of the technical staff of the public sectors Hospital blood banks of Islamabad.
9. Initiated human capacity building programmes in the field of Transfusion Medicine
10. Proper counselling of all infected TTIs positive donors.

******

Flag-A

ACHIEVEMENTS
Safe Blood Transfusion Services Project

- Civil works for RBC structure: A two story RBC Islamabad building with approximate covered area of 21,000 sqft has been constructed with a cost of Rs. 139.539 million and taken over the SBTP in June, 2021. In the design of building, energy efficient measures such as wall insulation, cavity was structure, roof insulation, double-glazed windows with low emissivity glass and external shading system, have been incorporated. Considering logical flow of blood processes and comfort of users, the building is divided into the 4 zones.

- Equipment & Furniture: Following International Competitive Bidding Process, the following equipment and furniture has been procured by KfW. Details are as under:

Equipment type	Quantity
Lot 1 - Blood collection equipment	53
Lot 2a: Blood Storage Equipment	14
Lot 2b: Blood Transportation Equipment	110
Lot 3: Laboratory Equipment	23
Lot 4: Centrifuges	6
Lot 5: Haemoglobinometer	6
Lot 6: Electric Power Equipment (Generators)	2
Lot 7: Donation Couches	27
Lot 8: Furniture & General Items	518
Total	759

- Blood Bank MIS and IT Hardware: Following International Competitive Bidding Process, blood bank management information system (MIS) being used in the 10 RBCs of phase has been procured for all the 5 new RBCs and 5 up-graded HBBs. The MIS will be hosted on cloud to be hired by SBTP. IT hardware include computers, scanners, bar code scanners, bar code printers, tablets, conference system, LED display screens, projector, telephone exchange etc to meet the requirement of MIS. The MIS has 3 years maintenance support.

- Waste Management Equipment: In addition to blood banking and laboratory equipment, waste management equipment and supplies were also procured following national competitive bidding process for the RBC Islamabad and installed in RBC.

- Staff Training: The KfW arranged the training programme at Indus Blood Centre, Karachi. In this regard, the RBC technical team comprising 12 members joined the different training Programmes w.e.f from 3rd October, 2021 for 1 month training.

- Consumables/ kits/ reagents & other laboratory items: the following items were procured on as per following details:

S#	Description of Item	Items procured
1.	Procurement of CLIA HBsAg, Anti HCV, HIV combo, and Syphilis kits (A precious Analyzer CLIA automatic with water distillation Unit (Alinity-I) provided by the vendor against the agreement and installed in the RBC for regent rental basis).	7,400 test each
2.	Kits for 3 parts of Hematology Analyzer A Hematology Analyzer (Sysmex XP-100) was provided by the vendor against the agreement and installed in the RBC for regent rental basis).	10,000 tests
3.	Triple blood bags (JMS)	1000 bags
4.	Quadruple blood bags (JMS)	500 bags
5.	Purple Top tube 2cc	5000 tubes
6.	Kits for Apheresis test for platelets (Terumo)	50 tests

One Pager Brief

PSDP 2021-22 S#		769			(Rupees in million)
	Name of Project	Establishment of Safe Blood Transfusion Services Project			
2.	**Location**	RBC Building, Park Road, Chak Shahzad, Islamabad			
3.	**Sponsoring Agency**	M/o National Health Services, Regulation & Coordination			
4.	**Executing Agency**	Safe Blood Transfusion Services Project, NHS,R&C			
5.	**Scope in Brief/ Objectives**	Establishment of the core elements of an independent rational structure of a blood transfusion system for Islamabad Capital Territory that will ensure adequate, efficient and safe blood supply, in a cost effective manner.			
6.	**Original Cost**	**Revised Cost, if any #**		**All subsequent revisions, if any**	
	Rs. 683.00 million Rs. 475.00 (FEC) & Rs. 208.00 (LC)	**Rs. 478.383 million** **(1st Revision)** Rs. 252.714 (FEC) & Rs. 225.669 (LC)		**Rs. 528.383 million** **(2nd Revision)** Rs. 252.714 (FEC) & Rs. 275.669 (LC)	**Rs. 669.123million** **(3rd Revision)** Rs. 277.660 (FEC) & Rs. 391.463 (LC)
7.	**Financing agreement (Provincial/ Federal)**	KfW, (German Development Bank) - 10 million € overall of the Safe Blood Transfusion Project for 2nd phase –II,			
8.	**Donor (if any) alongwith share of foreign aid in the cost**	KfW financial agreement (phase-II) between EAD & KfW was signed €10 million for overall of the country, out of which €1.59 million is allocated for SBTP (ICT) under NHS,R&C.			
9.	**Date of approval with forum**	**Original date**	**Revised Date**	**All subsequent revisions, if any**	
		Approved by CDWP on 11.04.2014	Approved by CDWP on 27.08.2019 for 1st Revision	Approved by CDWP on 27.12.2021 for 2nd Revision	Approved by CDWP on 27.07.2022 for 3rd Revision
10.	**Actual date of Commencement**	July, 2014 as per authorization letter issued on 28.07.2014.			
11.	**Completion date (as per PC-I)**	December, 2022			
12.	**Likely date of completion**	December, 2022 - A PC-IV of SBTP is already submitted by the Ministry of NHS,R&C and to M/o Planning on 17th September, 2022 so as the SBTP may be converted to Directorate and shifted to regular side .			
13.	**Likely date of Inauguration, if any;**	The inauguration of Regional Blood Centre is to be proposed on 4th November, 2022			
14.	**Reasons of Time & Cost Overrun, if any**	• Due to delay in the signing of the Phase-II Financial Agreement between EAD & KfW. Submitted in August 2014, approved by EAD and signed in March 2016. • Due to COVID-19, the implementation of KfW funded activities (i.e. construction, equipment, MIS, waste management equipment and training of RBC staff) has got delayed. In view the situation, the donor – KfW funded component extended up to 31st December 2023 within the same cost and scope.			
15.	**Financial Progress**	a)	Expenditure upto June, 2022	274.579 (LC) 252.000 (FEC) **526.579**	
		b)	%age financial progress to date	92.42%	
16.	**Physical Progress**	a)	Physical Progress (Major works done)	**Flag-A**	
		b)	Physical Completion (in% age terms)	-	
17.	**Allocation for 2021-22**	**Rupees**		**Foreign Aid, if any**	
		Rs. 50.00 million		Rs. 50.00 million (directly managed by KfW)	
18.	**Releases/ Sanction/ disbursement 2021-22**	Rs. 50.00 million		Rs. 50.00 million (directly disbursed by KfW)	
19.	**Expenditure/ utilization 2021-22**	Rs. 49.566 million (LC): Procurement of kits/ consumables, conducting the blood camps and awareness & motivation activities, salaries and operating cost)		Rs. 50.00 million (directly disbursed by the KfW) for procurement of equipment, MIS, trainings etc.	
20.	**Benefits on completion of project/ employment generation during and after completion of project.**	- Establishment of a well-organized nationally coordinated blood transfusion service which will function through a nationwide network of Regional Blood Transfusion centers (RBTCs) linked to existing Hospital based Blood Banks P(HBBBs). - Collection of blood only from voluntary non-remunerated blood donors (VNRD), at low risk of acquiring transfusion transmissible infections (TTIs). - Ensuring 100% quality assured testing of all donated blood for TTIs including Human Immunodeficiency Virus (HIV), Hepatitis B and C virus, syphilis, malaria and blood group serology, compatibility etc. - Promotion of rational and appropriate clinical use of blood. Promotion of principle of haemovigilance. Develop human resource (technical and managerial) to ensure adequate numbers of qualified and trained staff in the blood transfusion field.			
21.	**Bottlenecks/ issues impending progress on project (if any)**	a) Operationalization of RBC b) Approval of PC-IV is accorded by the Secretary, NHS,R&C and is submitted to M/o Planning, D&SI. The PC-IV needs to be approved and followed up on priority basis so as functioning and smooth operation of the RBC may not be suffered. c) Continuity of funds.			

09	2021-2022	234	174	88	46	**542**
Total	**2013-2021**	**2023**	**1495**	**497**	**312**	**4327**

Manpower:

Total Strength	125
Filled Posts	89
Vacant Posts	36

Budget:

Object Head	Allocated Budget in FY 2021-22	Re-Appropriation	Final Grant
Pay of Officer A01111	6,438,000	-	6,438,000
Pay of other staff A01160	15,778,000	-	15,778,000
Regular Allowances A0121X	24,644,000	6,023,000	30,667,000
Operating Expenses A03985	17,421,000	-	17,421,000
Total Amount	**64,281,000**	**6,023,000**	**70,304,000**

Key Issues:

1. Official building / Government accommodation
2. Due to Budget shortfall / shortage of Budget, the department is facing following problems;
   a. No mechanism for surveillance has been established
   b. Unable to use patty cash
   c. Unable to implement the existing protocols
   d. Unable to launched new projects
   e. Unable to publicized the issue for public awareness
   f. Unable to solve the administrative issues
3. Technical Posts are vacant.

Upcoming Project:

1. Deceased Organs Donation Transplantation Program (DODTP) in ICT.
2. Stem Cell Transplantation and Research.
3. SWAP Transplant in ICT.
4. ABO compatible.
5. Establishment of Mechanism of Surveillance.

Chapter -25

~~Chapter-10~~

DETAIL BRIEF
HUMAN ORGANS TRANSPLANT AUTHORITY (HOTA)
ISLAMABAD

Introduction:

In 2007, Pakistan earned notoriety because of "organs trafficking" and was dubbed as "Kidney Baazar"with some horrendous accounts of the worst form of human exploitation – selling of one's body parts. In the wake of these issues after hectic consultations with all stakeholders, President, Islamic Republic of Pakistan promulgated Ordinance namely **"Transplantation of Human Organs and Tissues Ordinance 2007"**.

2. Later on in 2010, after the assent of the President of Pakistan the said law has become an act of the Parliament, titled **"Transplantation of Human Organs and Tissues Act, 2010"**. The organization was given the status of an autonomous organization under the Ministry of National Health Services, Regulations & Coordination.

Function & Mandates:

1. Monitor Transplantation and enforce prescribed standards for recognized medical institution and hospitals.
2. Prohibition of removal or transplantation of human organs for any purpose other than therapeutic purpose.
3. Monitor the donation of organ or tissue by living person.
4. Punishment for removal of human organs without the permission of authority and commercial dealing in human organs.
5. Inspect recognized medical institutions and hospitals.
6. The mandate was for the whole country, however after devolution.

Achievement:

The Monitoring Authority of Human Organs Transplant was fully committed to bring to an end the gory trade and restore the dignity of human life. Presently, 20 hospitals / medical institutions have been accorded recognition to perform transplantation (10x Public Sector & 10x in Private Sector) within Federal Territory.

2. The summary of Organs transplant cases since 1st July 2013 to till date is following;

S.No.	Year	Kidney	Liver	Bone Marrow	Cornea	Total
01	2013-14	301	53	08	13	**375**
02	2014-15	143	24	17	29	**213**
03	2015-16	213	121	20	41	**395**
04	2016-17	297	177	29	42	**545**
05	2017-18	266	286	55	31	**638**
06	2018-19	235	220	91	33	**579**
07	2019-20	162	255	68	31	**516**
08	2020-21	172	185	121	46	**524**

submission of applications, tracking of the submitted applications and communication of the decisions.

- The Division of Health &OTC Products is also working on amendments in existing rules to bring more clarity and improvement in regulatory oversight of Alternative Medicines & Health Products sector, to ensure that the efficacious, quality and safe products are provided to the people of Pakistan and abroad.

DIVISION OF HEALTH & OTC

BRIEF BACKGROUND / INTRODUCTION:

The Division of Health and OTC Products (non-drugs) ismandated under the Section 4 (1) (h) of the DRAP Act, 2012, forthe assessment, licensing and registration of Alternative Medicines such as Ayurvedic, Chinese, Unani and Homeopathy, enlistment or registration of nutritional products and food supplements for human beings, animals and to perform other functions connected therewith.

VISION / OBJECTIVES:

Vision:

Health for all by 2025 through access to medicine, contributing to advancement in health care in Pakistan.

Objectives:

Restructuring, transforming regulations and operation on rationale and modern scientific basis and current trend of global regulatory environment, in line with Stringent Regulatory Agencies, to comply the mission of DRAP.
Effective and result oriented management and professional working environment with equivalent growth opportunities, transparency and accountability

FUNCTIONS:

The Division of Health & OTC Products, performs its functions under the Alternative Medicines and Health Products (Enlistment) Rules, 2014, as under;

i. Provisional Enlistment of Local Manufacturers of Alternative Medicines and Health Products.
ii. Provisional Enlistment of Contract Givers of Alternative Medicines and Health Products.
iii. Provisional Enlistment of Importers of Alternative Medicines and Health Products.
iv. Provisional Enlistment of locally manufactured Alternative Medicines and Health Products, for local market.
v. Provisional Enlistment of locally manufactured Alternative Medicines and Health Products, for export purpose.
vi. Provisional Enlistment of imported Alternative Medicines and Health Products.
vii. GMP Inspections of the Enlisted Manufacturers.

RESULTS ACHIEVED DURING THE PERIOD FROM JULY 2021 TO JUNE, 2022.

During the period from July, 2021 to June, 2022, the Division of Health & OTC Products conducted 18 meetings of the Enlistment Evaluation Committee, for disposal of the received applications for provisional enlistment of firms and Alternative Medicines and Health Products.

During this period **44 new local manufacturers** and **68 new importer firms** have been enlisted.
During this period the EEC also disposed off**24339**applications for provisional enlistment of **Alternative Medicines and Health Products** and **14668 new products** have been enlisted.
As a part of priority review and out of queue processing, **406**products have been enlistment for Export Purpose, only.

KEY ACTIVITIES CARRIED OUT DURING 2021 – 2022.

Export Facilitation

In order **to encourage the export** of Health & OTC Products, the Division has issued the **Guidelines for Out of Queue Consideration of Product Enlistment Applications**, for those local manufacturers who have 10,000 USD worth of export in a fiscal year, for provisional enlistment of products, vide notification F.No.4-2/2017-DD(H&OTC), dated 10-06-2020.

In compliance of these guidelines, the Division is considering the applications of these firms on fast track basis to encourage the export **to strengthen the economy of Pakistan.** In this regard, the Division has considered 1369 applications for product enlistment.

KEY PERFORMMANCE INDICATORS

- Division of H&OTC Products has disposed off all the pending applications for company enlistment as manufacturer, importer and contract giver. Currently there is no pendency in this regard. All the fresh applications are being dealt as per SOP.
- Division of Health & OTC Products compiled a comprehensive data of all received product enlistment applications and has implemented **"First In First Out (FIFO)"** procedure for disposal of all these pending applications of different applicants.
- As a self initiative, the Division of Health &OTC Products is conducting a weekly training program of its officers and staff.
- The Division of Health &OTC Products has developed and implemented the SOPs in accordance with the ISO 9001:2015 standards.

WAY FORWARD / FUTURE PLANS AND GOALS









PICTURES OF DRUG PRICING COMMITTEE HELD DURING 2021-22

MEETINGS OF DRUG PRICING COMMITTEE HELD DURING 2021-22

Drug Pricing Committee of Drug Regulatory Authority of Pakistan held the following meetings to decide the cases of new fixation, increase in MRPs, reduction in MRPs of Originator Brand and other matters.

i. 49th Meeting held on 6th October, 2021.
ii. 50th Meeting held on 12th January, 2022.
iii. 51st Meeting held on 25th May, 2022.

vii.	Representative of Pharma Bureau (Overseas Investors Chamber of Commerce and Industry).	Observer
viii.	Representative of Pakistan Pharmaceutical Manufacturers Association.	Observer
ix.	Additional Director (Costing Pricing)/Deputy Director (Costing & Pricing), Drug Regulatory Authority of Pakistan.	Secretary

Application Forms for Revision of Maximum Retail Prices of Drugs:

To bring harmony in procedures and ensure compliance of Drug Pricing Policy-2018 in transparent manner the following application and proforma forms have been uploaded on official website of DRAP i.e. www.dra.gov.pk.

1. Proforma for verification of reference prices of Drugs (Originator Brand).
2. Proforma for verification of reference prices of Drugs (Generic Brand).
3. Applications for price revision of imported finished drugs.
4. Applications for price revision of imported finished drugs (Local Repack).
5. Applications for price revision of locally manufactured drugs.

Maximum Retail Prices of Drugs:

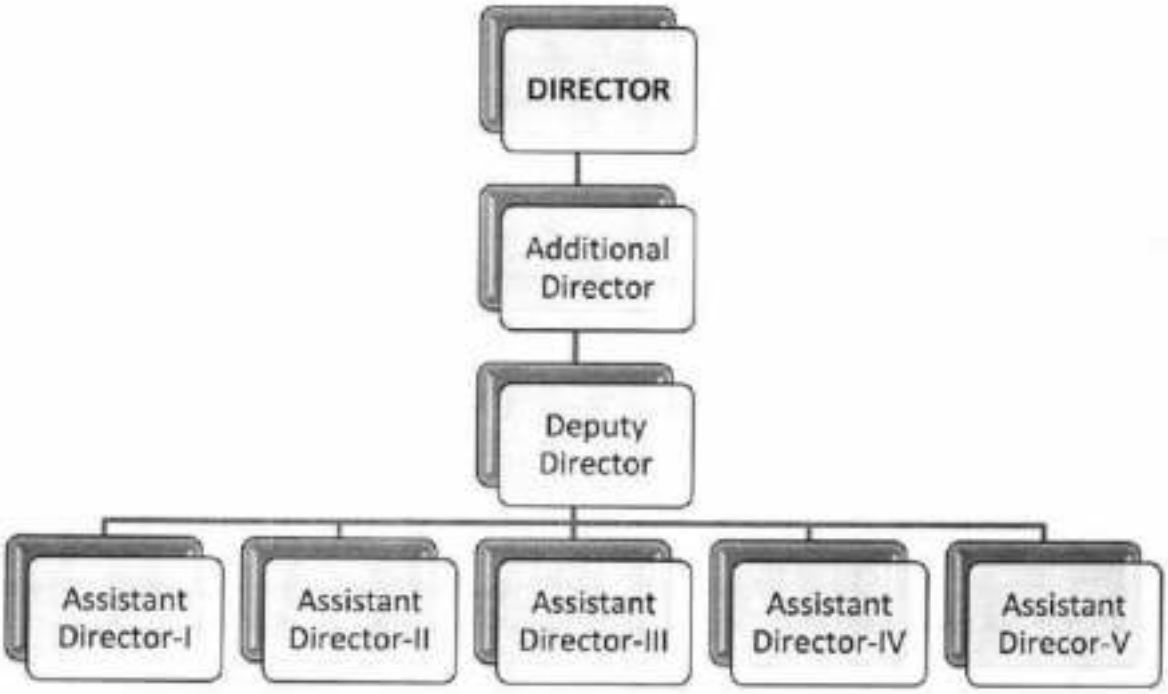
Since inception of Drug Regulatory Authority of Pakistan, maximum retail price notified with the approval of Federal Government are available at office website of DRAP i.e. www.dra.gov.pk.

ORGANOGRAM OF THE DIVISION OF COSTING AND PRICING

MAJOR PERFORMANCE, GOALS & COMMITMENTS:

A summary of performance report with respect to price fixation/re-fixation, additional pack cases and annual increase by Division of Costing & Pricing during 2021-22.

S.No.	Description	Total
1.	Price fixation cases	59
2.	Price re-fixation cases	19
3.	Additional pack cases	850
5.	Annual Increase	19514
6.	Appellate Board Cases	105
7.	Miscellaneous Cases	127
	Total Cases	**20,674**



DIVISION OF COSTING AND PRICING

INTRODUCTION

Drug Regulatory Authority of Pakistan (DRAP) has been established under the DRAP Act, 2012. Mandate of the Authority is to provide for effective coordination and enforcement of the Drugs Act 1976 (XXXI of 1976) and to bring harmony in inter-provincial trade and commerce of therapeutic goods. The Authority regulates manufacture, import, export, storage, distribution and sale of therapeutic goods.

The Drug Regulatory Authority of Pakistan (DRAP) has the mandate to issue regulations for pricing and mechanism for fixation of prices of various therapeutic goods under its ambit under clause (a) of section 7 of the Drug Regulatory Authority of Pakistan Act, 2012 (XXI of 2012).

FUNCTIONS:

Under Section 4 of the Drug Regulatory Authority of Pakistan Act, 2012 mandate of the Division is as under:

"Division of Costing and Pricing is responsible for the costing and pricing of drugs" as under:

I. Fixation of Maximum Retail Price (MRP) of Originator Brand of New Chemical Entity (NCE) & New Biological Entity (NBE).

II. Fixation of Maximum Retail Price (MRP) of Generics of New Chemical Entity (NCE) & New Biological Entity (NBE).

III. Fixation of Maximum Retail Price (MRP) of New Strengths or new pack sizes of existing drugs.

IV. Increase in MRP under hardship category.

V. Verification of calculations of annual adjustment in MRPs of drugs submitted by the pharmaceutical concern under Drug Pricing Policy-2018as per Consumer Price Index (CPI) notified by Statistics Bureau of Pakistan (SBP).

VI. Verification of MRP(s) at the time of registration.

GUIDELINES AND STANDARD DOCUMENTS

Manuals:

The Drug Regulatory Authority of Pakistan with the approval of its Policy Board, the Federal Government notified a drug pricing mechanism termed as "Drug Pricing Policy-2018", vide notification F.No.9-13/2016-DDC(P) dated 6th June, 2018.

Procedures& Documents:

Prices of drugs are fixed under section 12 of the Drugs Act, 1976 (XXXI of 1976), read with clause (a) of section 7 of the Drug Regulatory Authority of Pakistan Act, 2012 (XXI of 2012). The Drug Regulatory Authority of Pakistan with the approval of the Federal Government, under section 12(3) of the Drugs Act, 2012 has constituted a Drugs Pricing Committee, having provincial representation and representation from stake holders, to fix prices of medicines subject to its approval vide S.R.O.707 (I)/2013 dated 5th August, 2013 with following composition to fix prices of drugs subject to approval by the Federal Government.

S.No	Composition	Status
i.	Director Costing and Pricing, Drug Regulatory Authority of Pakistan.	Chairperson
ii.	Secretaries, Department of Health from each Province or their nominees not below the rank of an officer of BPS-19.	Members
iii.	Chief Cost Accounts Officer or Cost Accountant, Ministry of Finance, Government of Pakistan.	Member
iv.	Joint Secretary, Ministry of National Health Services, Regulations and Coordination, Islamabad.	Co-opted Member
v.	Representative of Pakistan Medical Association.	Co-opted Member
vi.	Representative of Consumer Rights Commission of Pakistan.	Co-opted Member

CONTENTS

A) INTRODUCTION
B)ACHEIVED TASKS

1)Online Software for grant of NOC of Import and Export of therapeutic goods for pharmaceutical industry.
2) Revamping of DRAP official website as per international standards.
3)Pharmaceutical units searching online Software
4)Software for market surveillance reporting
5) MDMC software
6)E-office implementation

C) PLANNED TASKS

1. Unified regulatory functions automation in coordination with PSW
2. Enhancement /maintenance and support assistance for developed software module.
3. Establishment of data recovery site at NCLB.

INTRODUCTION

MANAGEMENT INFORMATION SERVICES DIVISION.

The MIS Division provides the information technology solutions in an efficient and effective manner. This includes network management data processing and storage, information security, software development and deployment

ACHEIVED TASKES

1) **Online Software for grant of NOC of Import and Export of therapeutic goods for pharmaceutical industry.**
   The software allows the applicant to file online application for NOC of Import/Export of therapeutic goods.

2) **Development of new dynamic website.**
   The new website for DRAP has been developed and launched with much enhanced functionality. The content management system developed for new website enables the user to develop new pages dynamically as per requirement of various Divisions of DRAP.
3) **Pharmaceutical units searching online Software**
   The software is online available on DRAP website used to search pharmaceutical units in Pakistan.
4) **Software for market surveillance reporting**
   Used for the collection of pharmaceutical drugs/sample test collection
5) **MDMC software**
   The software developed for Medical Devices and Medicated is used to allow the applicants to apply for the establishmentlicense online.
6) **E-office implementation**
   E-Office software developed by NITB has been fully implemented in DRAP head office for quick and efficient disposal of official business

PLANNED TASKS

1) Unified regulatory functions automation in coordination with Pakistan single window (PSW)
2) Procurement and advancement of sever infrastructure and network
3) Establishment of data recovery site at NCLB.

scrutinized by the PMC, wherein 144 were called for personal hearing before the Disciplinary Committee out of which 54 students appeared before the Disciplinary Committee. Pursuant to the hearing orders in the matter were passed by the Disciplinary Committee, whereby admissions were granted to 31 students who had been denied admissions by private medical colleges in the session 2020-2021.

These students were granted admission in the respective colleges for the year 2021-22 subject to their acceptance. It was further determined that they will not be charged a fee by the college for the first year of study. As a penalty to the colleges, the first-year fee of the student shall be exempted and the fee structure for the remaining duration of the MBBS or BDS program shall remain the same as existed in the year 2020-21.

- **Regularization of admission of 95 students admitted post 08th March, 2021 (Session 2020-21)**

Pursuant to the closing of admission process in private colleges, review and scrutiny of the data/documents submitted by the colleges was carried out, wherein irregularities in the admission process by private medical and dental colleges was observed by the PMC. Colleges had granted admissions to 95 students post 8th March, 2021, in violations of the Admission Regulations.

Opportunity of hearing was provided to colleges to explain the irregularities committed by them. After hearing the parties and review of data, the PMC Disciplinary Committee passed a consolidated order in which the Disciplinary Committee while taking a lenient view in larger interest of the students regularized the admission of those 95 students.

- **Show Cause notice to 5 dental colleges for admitting MDCAT failed students for Session 2020-21**

Show Cause Notices were issued to five dental colleges for admitting students in violations of PMC Act, 2020 and Admission Regulations 2020-2021. These five colleges admitted students who failed the MDCAT examination and also admitted students who never applied for BDS program. All five colleges appeared before the Disciplinary Committee of PMC and recorded their statement that they will not admit any student who has failed to score the passing marks of the MDCAT as prescribed under the Admission Regulations of the Commission and abide by the judgment passed by the August Supreme Court of Pakistan in its true letter and spirit. The matter was disposed of based on the commitments of the colleges.

National Institute of Health, Islamabad
Material for Preparation of Year Book 2021-2022

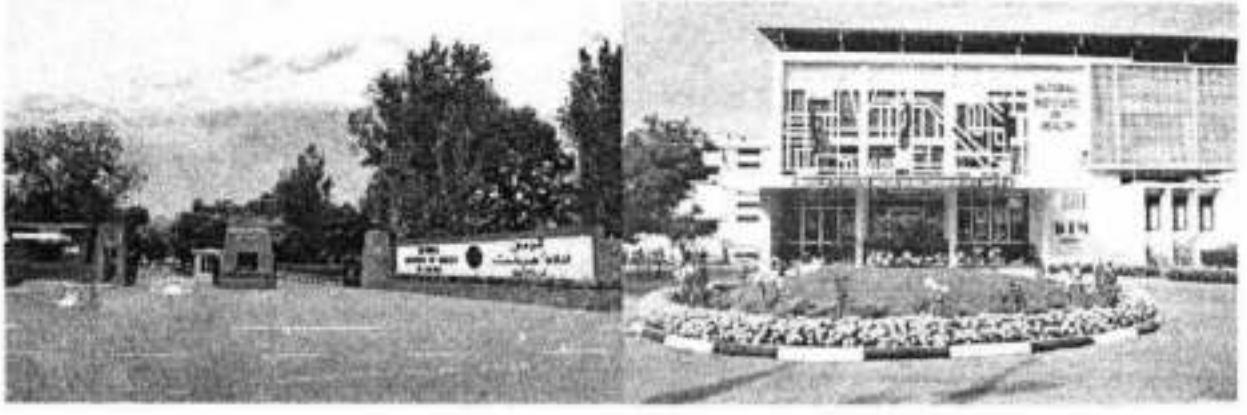
A: Introduction

In 1960, the conspicuous absence of relevant laboratories to address public health issues within the health-care system was noticed by the Government of Pakistan. Resultantly, establishment of the National Health Laboratories (NHL) was envisaged, which became operational on 17th July 1967 as part of National Health Centre (NHC); a mega project at Chak Shahzad, Islamabad. The staff from some lab units meant for public health purposes existing already in other parts of the country were brought to NHL. In 1974, these units were merged as one organization under one Director. To facilitate and foster international and regional collaboration and participate in global disease control endeavours more effectively, the NHL was made an autonomous body of the Ministry of Health through Presidential Ordinance of 1980 under the name of National Institute of Health (NIH). The Institute comprises of five (05) major Divisions, Allergy Centre, a College of Medical Laboratory Technology and support departments to facilitate financial, administrative and engineering functions of the Institute. The Institute is engaged in multi disciplinary lab-supported public health activities like diagnostic services, operational research for communicable diseases (Polio, Influenza) and production of vaccines & life saving anti-sera (snake & rabies bite).

B: Mission Statement:

Disease prevention and control using laboratory diagnostic tools, function as National Appellate Laboratory for quality of Drugs under 1976 Drugs Act, function as Public Food Analyst Laboratory under 1960 Pure Food Act (only Islamabad Capital Territory) and produce life saving Antisera & preventive vaccines according to the mandate and functions assigned under NIH Ordinance, 1980.

C: The best presentable picture of the organization



D- Functions of NIH

The Functions of this Institute shall be:

a) To advise the Federal Government on the control of diseases by suitable methods
b) To implement all the schemes and proposals approved by the Federal Government for it
c) To investigate epidemics and other communicable diseases and to conduct research on these problems using modern techniques and achieve excellence in this behalf and to collaborate with other concerned agencies under the Federal Government or the provincial Governments
d) To develop methodology and standardize techniques for the investigation of various diseases prevalent in the country.

e) To dissipate these techniques to the people working in the profession by holding training courses
f) To develop an Institute of Tropical Diseases for Research and Training
g) To function as National Type Culture Collection Centre (NTCC)
h) To develop a National Virus Reference Center
i) To conduct research and training in community medicine and health services development
j) To control environment with special reference to air, water & food pollution
k) To analyze and test the quality of drugs and act as the laboratory for the purpose of sub-section (5) of section 22 of the Drugs Act, 1976 (XXXI of 1976)
l) To function as sole producer of vaccines and sera for prophylactic and therapeutic use and acquire capability of meeting domestic and foreign demands
m) To conduct research on traditional system of medicine and to collaborate with the international agencies
n) To impart training in drug analysis
o) To collaborate with the WHO in quality control of drugs
p) To conduct research on applied nutrition like Clinical Nutrition and food analysis and undertake nutrition education programs.
q) To advise the Federal Govt. in developing food standards and pure food laws in collaboration with the international agencies like the WHO and the FAO
r) To train medical laboratory technicians and technologists
s) To undertake repair and maintenance of sophisticated electro-medical equipment for other institutions on agreed terms and conditions
t) To function as a source of supply of small laboratory animals for use in research and other fields on agreed terms and conditions and
u) To perform such other functions related to the matters aforesaid as the Board may decide with the approval of the Federal Government.

(2). The Institute may, with the approval of the Federal Government, on behalf of a Provincial Government perform functions relating to research and investigation on health problems on such terms and conditions which may be agreed upon between the Institute and such Government.

E- Sanctioned/ Working Strength of National Institute of Health, Islamabad 2022

Total working strength of NIH including officers and staff is 1061. 738 officers and staff are presently working while 323 posts are vacant.

F: Major Achievements during the year 2021-2022:

1. Public Health Division

i. The Public Health Laboratories Division, being the premier public health laboratory in the country, remained hectically engaged is providing laboratory diagnostics services, contact tracing and response to the on-going COVID-19 outbreak across the country since February 2020. Samples/per day are being received from different hospitals of ICT, Rawalpindi and also from district health authorities of ICT, AJK, GB Punjab and KPK for testing/confirmation of corona virus through PCR. The staff of PHLD and Virology Department is working on 24/7 basis for corona duty.

ii. A total of 402,228/- tests for COVID-19 were performed **free of cost** by the Virology Department of PHLD during July 2021 to June 2022.

iii. A total of **1,64,607/-** laboratory diagnostics tests were performed by various Departments of PHLD as per following detail:

iv. An revenue of Rs. 9,146,375/- was generated during July 2021 to June 2022.

v. Department has upgraded the Next Generation Sequencing facility with medium throughput systems (Illumina MiSeq and Ion GeneStudio S5).

vi. Whole-genome sequencing of 1,159 SARS-CoV-2 genomes during this period (submitted to GISAID)

vii. Identification of first cases of VOCs Delta and Omicron variants and reporting of upsurge in Pakistan through whole genome sequencing as well as timely reporting to relevant authorities.

viii. The department has established and successfully sequenced whole genomes of CCHFV, Dengue virus and Norovirus.

ix. Coordination of National Genomic Consortium for SARS-CoV-2 sequencing.

x. Provision of technical support in the genomic surveillance and genotyping of SARS-CoV-2 VOCs to the provincial public health reference labs.

xi. Published 22 research articles in international peer reviewed journals.

xii. AMR awareness/ stewardship sessions are ongoing.

xiii. **Response to Epidemics and Outbreaks:** The Division along-with Field Epidemiology & Disease Surveillance Division provided coordination in terms of detection/ lab investigation for epidemics / alerts reported across Pakistan. The PHLD is also providing free of cost lab testing of samples including corona tests for confirmation of outbreaks/ epidemics.

xiv. **Lab-based Surveillance Programmes:** The PHLD is running laboratory based surveillance programmes on influenza, polio, measles, rotavirus, acute viral hepatitis and bacterial meningitis. All these programmes have field monitoring, sample collection, referral, routine and advance laboratory investigation (including molecular sequencing and phylogenetic analysis) and reporting mechanisms.

xv. **Human Resource Development:** The Public Health Laboratories Division is providing facilities for practical training, orientation and research to health care professionals on different aspects of laboratory medicine. A large number of scientists and professionals have been trained though training workshops/courses.

xvi. **Bio-safety Level-3 Diagnostic Laboratory:** The BSL-3 lab has been made functional with installation of new building management system.

xvii. The vector & zoonotic lab remained actively engaged in COVID-19 testing.

xviii. The Division has established National External Quality Assurance Programme in Pakistan. A dedicated lab is available and six labs at national/ provincial level are participating in the Programme.

xix. The PHLD is also providing free of cost lab testing of samples for confirmation of outbreaks/ epidemics.

xx. The Division is the Focal Point for Biosafety/ Bio-security and WHO Global Antimicrobial Resistance Surveillance System (GLASS) and has been enrolled in WHO GLASS for early implementation.

xxi. The PHLD NIH as AMR Focal Point has also participated in the National Action Plan for AMR Containment in Pakistan. National AMR Strategic Framework has been developed in Pakistan with "One Health" approach. This framework has been developed through a consultative process and is in line with the five strategic objectives of the WHO Global Action Plan for AMR.

xxii. The primary objective of the National AMR Action Plan developed through collaborative efforts of concerned stakeholders is to ensure that current antimicrobials remain effective as long as possible, minimise the cost associated with their indiscriminate use and commitment of all relevant stakeholders.

xxiii. AMR & IPC project is being implemented.

xxiv. ISO 15189:2012 (Medical Laboratories- Requirements for quality and competence) accreditation accorded to Microbiology Department.

2. Field Epidemiology &Disease Surveillance Division

i. Developed and disseminated advisory on dengue prevention and control in Month of July 2021
ii. Continued activation of PHEOC at NIH for COVID-19 response, operations and technical support to NCOC
iii. Arranged Clinical Management trainings for the healthcare professional across the country to support COVID-19 management
iv. Supported in vaccination campaign by establishing COVID-19 vaccination center at NIH since August 2021
v. Enhanced the communicable disease surveillance system by building capacity of 31 districts with IDSR training and implementation
vi. Established office for Global Health Security Agenda and IHR coordination by designation of staff and equipment in August 2021

vii. FE&DSD issued 52nd web version of Seasonal Awareness and Alert Letter (SAAL) dispatched to Federal, Provincial and Area health departments, public & private sector medical colleges, medical universities, postgraduate institutions, hospitals and departments country wide during the month of October 2021
viii. Approval of IDSR PC-1 and fund release to support the IDSR activities
ix. Launched series of Infection Prevention and Control trainings for the different secondary and tertiary care hospitals during the year 2021-2022
x. Transition of NCOC at FE&DSD, NIH with support of MoNHSR&C and law enforcement agencies from January 2022- March 2022.
xi. FE&DSD developed coordination with all provinces and regions for improvement of public health surveillance system and response priorities
xii. This division developed synergies with other than health departments to gain technical support in emergency management
xiii. NCOC redesignated at NIH with will operational and functional support to the MoNHSR&C in COVID-19 response by 1st April 2022.
xiv. Supported MOFA for diplomate COVID-19 vaccination and high profile national and international delegates.
xv. Developed COVID-19 related prevention and control guidelines for different sectors and groups from July 2021-June 2022.
xvi. Expanded RCCE system by supporting NCOC operations and developed coordination with regional and provincial RCCE focal persons during COVID-19 vaccination and other tasks.
xvii. NIH facilitated randomized sampling and testing for COVID-19 at different religious places in Islamabad & Capital Territory.
xviii. Conducted and completed two contact sessions of 13th cohort FELTP Advance course in 2021
xix. Graduation of 13th cohort FELTP advance course in June 2022
xx. First contact session of 14th cohort conducted in June 2022 for four weeks
xxi. Fellows and alumni of FELTP presented at EMPHNET Conference in October 2021 Preparation and review for presenting authors of the presentations were done by FELTP faculty, NIH
xxii. FE&DSD successfully trained healthcare staff including paramedics and housekeeping staff on infection prevention and control of COVID 19. Participants were from Sindh Infectious Disease Hospital and Research Center.
xxiii. FEDSD organized a large number of Educational/Training visits from several universities and medical collages at National Institutes of Health (NIH), Islamabad since July 2021- June 2022
xxiv. Review meeting of Integrated Disease Surveillance Response System (IDSR) conducted by NIH and WHO to discuss progress on disease surveillance and response, with IDSR focal persons at Islamabad in September 2021
xxv. RCCE stakeholder and partner focal point identification meeting was arranged at national level in September 2021, to enhance coordination in community engagement process.
xxvi. FEDSD organized a consultative meeting regarding IDSR in collaboration with PHE and WHO to develop a Strategic Framework, National Action Plan and training modules for IDSR in December 2021
xxvii. FE&DSD issued AMR Newsletter Volume VIII, in month of December 2021
xxviii. Facilitated the mobile COVID-19 vaccine campaigns from July 201 to June 2022
xxix. FE&DSD Team visited districts Pishin, Killa Saifullah, and Zhob, Balochistan to conduct the assessment for the prevention and control of Congo Fever (CCHF) in March 2022
xxx. NIH team along with District Health Office GB visited DDSRUs at Hunza and Nagar for the implementation of the Integrated Disease Surveillance Response System(IDSR).
xxxi. A team from NIH conducted vector surveillance at GB for the prevention & control of vector-borne diseases in vulnerable areas of Punjab, Sindh and Balochsitan.
xxxii. FE&DSD conducted a one-day orientation meeting of the provincial IPC technical working group in April 2022
xxxiii. FEDSD's project "Development of Integrated Disease Surveillance and Response System (IDSRS)" with Public Health Laboratories Network (PHLN) and Workforce Development for the transition of Field Epidemiology & Laboratory Training Program (FELTP)" has been

approved in 2021 through Public Sector Development Program (PSDP) of Planning Commission, Government of Pakistan.

xxxiv. COVID-19 booster dose outreach vaccination program started for senior citizens and disabled persons from Feb 2022 to onward.

xxxv. Countrywide assessment regarding CCHF (Congo fever) transmission among the butchers was conducted in March 2022.

xxxvi. The 13th cohort contact session of FELTP was successfully completed in March 2022

xxxvii. After the transformation of National Command and Operation Center (NCOC), Public Health Emergency Operations Center (PHEOC) was activated regarding COVID-19 in April 2022

3. BIOLOGICAL PRODUCTION DIVISION (BPD)

i. BPD is major Revenue generating Division of NIH. In Financial Year **July 2021 to June 2022** BPD spawned **PKR 5,172,046,516/-** BPD has increased its production in comparison to previous years.

Name of Unit & year of establishment	Annual Production capacity
Tetanus Toxoid production lab (1992)	3 million doses
Measles Vaccine production lab (1984)	2 million doses
Sera Processing Lab (since 1967)	ASVS 35,000 to 40,000 vials ARS 2,000 vials
Cell Culture Rabies Vaccine production lab	0.2 million doses
Typhoid- Cholera Vaccine production lab	TAB 5928 vials TC 738 vials
Allergen Extract Vaccine production lab	300,000 vials
Nimkol /ORS production unit	million packets

4. DRUGS CONTROL & TRADITIONAL MEDICINES DIVISION (DC&TMD)

Being appellate drugs testing laboratory, the division has received drug/medicines samples from Provincial Quality Control Boards, and other government institutes during financial year 2021-2022. Division has tested about 17608 with generation of revenue worth **Rs. 9,012,880/=** (Nine Million Twelve Thousand, Eight Hundred and Eighty Rupees Only)and other key activities are as follow;

5. NUTRITION DIVISION

Nutrition Division has workload of 37408 test with earning of Rs. 6547530/=

6. QUALITY CONTROL LABORATORY (Biological)

Total Tests performed from July 2021 to June 2022, are 6974

7. QUALITY ASSURANCE DEPARTMENT (QAD)

I. Successful accreditation of Microbiology lab-PHLD for ISO 15189:2012 standard by PNAC.

II. Successful 2nd Surveillance External Audit has been conducted by Certification body for ISO 9001-2015.

III. Printing and Distribution of QMS revised documents of ISO 9001:2015 are being carried out for the entire institute.

IV. 4th Internal Audit of whole institute has been carried out for ISO 9001-2015 certification.

V. Quality Assurance has dedicatedly contributed in achieving target of releases of 14,702 CCRV vials & 18,777,960 doses of PakVac vaccine.

VI. Health and Sanitation Department collect the Monthly waste reports from each department of NIH on regular basis for onward submission to EPA. Trainings of sanitation staff are being carried out.

8. COLLEGE OF MEDICAL LABORATORY TECHNOLOGY (CMLT)

I. Fresh admission in F.Sc. MLT & B.Sc. (Hons) MLT classes.
II. Conduction of internal/external examinations of students through FBISE & SZABMU, PIMS, Islamabad.
III. Co-curricular activities of students
IV. Annual Recreational Trips of students.
V. Plantation Ceremony
VI. Organization of Blood Donation Camp.
VII. Sports Week etc.
VIII. Celebration/Commemoration of National & Religious days of importance.

9. ALLERGY CENTRE

The patients visiting the Allergy Centre are mainly suffering from bronchial asthma, seasonal allergic rhinitis, perennial allergic rhinitis, allergic conjunctivitis, skin rashes, urticaria, angioedema, and other dermatological problems not related to allergies etc. The centre receives an average of 1000-1200 patients on daily basis, however, this number rises up to 1500-1800 patients per day during peak pollen, wheat harvesting and summer monsoon season (March- April, May-June, July- September)
Allergic rhinitis, Allergic bronchial asthma and mixed cases of allergic rhinitis and bronchial asthma were the common problems for which the patients received allergy vaccine immunotherapy. Peaks were seen for allergic rhinitis with figures of 30.25% and 35.10% respectively during 2020 and 2021.
Not only the patients are treated at the Allergy Centre but the centre also actively participates in imparting /providing health education to the allergy patients through counseling in the OPDs, pasting/hanging of wall posters, distribution of informative leaflets on allergy and make use of electronic media through disseminating useful and healthy information to its patients through providing "frequently asked questions" on the NIH website. Allergy Centre also actively participated in the Health Expo 2006 organized by the Federal Ministry of Health.

Allergy Centre also keeps liaison with Islamabad Capital Territory (CDA) in the free allergy camps arranged at Aabpara every year and make use of the meteorological department weather forecast information on pollen for its patient's convenience during pollen season especially those patients who come from the twin cities of Rawalpindi and Islamabad and surrounding vicinities. Beside all this, allergy Centre is also generating and contributing to the NIH budget a revenue of more than 70% from its clienteles every year through conduct of allergy test and sale of allergy vaccine on affordable rates and within the reach of even a very poor person.

It is the key and sole public sector provider of allergy vaccine of desensitization is providing health care delivery service for the last forty years. During the period approximately more than 5 million patients have benefited from the service. With passage of time the number of patients which inifial were in hundred has now rises two thousand per year and then every more than 3 lac patients are treated at the allergy centre every year.

10. CENTRAL LIBRARY

I. Online access to ASM journals.
II. Online access to HEC-NDLP.
III. Acquired books and periodicals for the Library.
IV. Technically processed the books and Periodicals.
V. Implemented the Quality Management System (ISO 9001:2015) in the library.

11. VETERINARY AND FARMS MANAGEMENT SUB-DIVISION (VFMS)

A-Laboratory Animal House

S#	Name of Animal Specie/Product	Opening Balance	Procured	Bred/Produced	Supplied to Various Divisions of NIH	Supplied to other Institutes	Animals culled after end of breeding age/died	Closing Balance
1	Mice (BALB-c)	4639	-	12815	8486	3429	300	5239
2	Rat(Sprague Dawley)	210	-	497	NIL	500	7	200
3	Rabbit New Zealand White	90		129	67	46	12	94
4	Rabbit local	32	-	80	78	10	03	21
4	Guinea-Pigs	233	-	400	327	59	10	237
5	Sheep (for Normal Blood)	05						05
5	Sheep Blood	-	-	-	14400mls	-	-	-
6	Rabbit Blood	-	-	-	30ml	-	-	-
7	Mice Feed	-	13000kg		12609	391	-	-
8	Research Facilitation i.e. Supervision of the animal tests, animal experimental interventions and veterinary services for academic research projects leading to: i)Ph.D ii) FCPS-ii iii).M.Phil				03 Students **05** **11** **02** **Total Students:19 Nos**			

B- *Stable Section*

Opening Balance on 1-7-2021	Horses bred at NIH stable	Quantity of hyper immune whole blood supplied to sera section	Normal Horse blood supplied to sera section/other Institutes of the country for media / disease diagnosis	Horses Died	Current Balance on 30-6-2022
126	20	1580000mls (For production of Anti snake venom serum) 300000mls (For production of anti rabies serum)	24000mls	08 Nos	138 Nos

12. FINANCE DIVISION, NIH

Actual Receipt for the financial year 2021-22:-

Figures in million

S.#	Department	Actual Receipts 2021-22
A).	**Grant-in-Aid by the Government**	**1,091.413**

B).	Own Receipts:	
i.	Public Health Lab. Division	9.495
ii.	Nutrition Division	8.319
iii.	Drug Control & TM Division	13.344
iv.	Allergy Test Fees	102.679
v.	Allergy Vaccine	131.802
vi.	Corona Vaccine Production	3,979.882
vii.	Biological Production Division (Bacterial Vaccine)	65.727
viii.	Estate (Rent Recovery)	43.167
ix.	Miscellaneous Receipt	2.035
	SUB-TOTAL (B)	**4,356.450**
	GRAND TOTAL (A+B)	**5,447.863**

Actual Expenditure for the financial year 2021-2022:-

Figures in million

S.#	Department	Actual Receipts 2021-2022
A).	**Grant-in-Aid by the Government:**	
i.	Employees Related Expenses (Pay & Allowance)	759.207
ii.	Operating Expenses (Including Defund PHRC)	326.235
	SUB-TOTAL (A)	**1,085.442**
B)	**Own Receipts**	
	Actual Expenditure including utilities and monthly Pension, Commutation etc. out of Own Receipts	570.596
	TOTAL EXPENDITURE (A+B)	**1,656.038**

Development Section

Following are the detail of current projects

PSDP 21-22 Sr.#	Name of the Project	Total Cost	Allocation 2021-22				Utilization during 2021-22			Amount Lapsed (if any)
			Original Rupee Allocation	Foreign Aid	Revised Rupee Allocation	Funds authorized by M/o PD&SI (Rupee)	Actual Rupees Utilization	Foreign Aid Utilization	Total Utilization	
760	Establishment of Allergy Centre at Quetta	55.586 Million	49.036 Million	NIL	15.593 Million	49.036 Million	15.455 Million	NIL	15.455 Million	137,886 Rupees
763	Antimicrobial Resistance (AMR)Containment and Infection Prevention Control (IPC) Program	361.960 Million	150.000 Million	NIL	131.200 Million	150.000 Million	131.083 Million	NIL	131.083 Million	116,893 Rupees
769	Feasibility Study for Establishment of Research and Development (R&D) Laboratories at National Institute of Health, Islamabad	8.000 Million	8.000 Million	NIL	8.000 Million	8.000 Million	7.8 Million	NIL	7.8 Million	200,000 Rupees
774	Up-gradation of Drugs Testing Facilities in Drugs Control & Traditional Medicine Division, NIH, Islamabad	641.348 Million	377.000 Million	NIL	160.000 Million	377.000 Million	159.409 Million	NIL	159.409 Million	590,415 Rupees

PSDP 21-22 Sr.#	Name of the Project	Total Cost	Allocation 2021-22				Utilization during 2021-22			Amount Lapsed (if any)
			Original Rupee Allocation	Foreign Aid	Revised Rupee Allocation	Funds authorized by M/o PD&SI (Rupee)	Actual Rupees Utilization	Foreign Aid Utilization	Total Utilization	
775	Revamping of Laboratory Animal Facility at National Institute of Health, Islamabad	227.864 Million	117.397 Million	NIL	NIL	117.397 Million	NIL	NIL	NIL	NIL
778	Development of Integrated Diseases Surveillance and Response System (IDSRS) with Public Health Laboratories Network (PHLN) and Workforce Development for transition of Field Epidemiology & Laboratory Training Program(FELTP)	4544.158 Million	750.000 Million	NIL	249.404 Million	750.000 Million	242.867 Million	NIL	242.867 Million	6,536,553 Rupees