

Steps taken by the Government to resolve the issue to store water

Federal Government is financing for construction of various small and medium dams/reservoirs in the country through Federal Public Sector Development Program. These projects aim at to provide water for irrigation and drinking purposes. Besides, in Balochistan delay action and recharge dam projects are also being financed from the Federal PSDP.

Besides the small and medium dams, Diamer Basha Dam Project with a live storage of 6.4 maf and Mohmand Dam Project having a live capacity of 0.676 maf have also recently been approved by the ECNEC. The approvals of these dams comprise a hybrid financing model of providing funds for construction of dam from the Federal PSDP and the power generating facility through commercial financing. This model aims at reducing the burden over the PSDP and at the same time ensuring the availability of requisite funds to complete the projects in a timely manner without any hindrance.

In order to start the construction, Rs. 16 billion has been allocated in PSDP 2019-20. Similarly, Rs. 15 billion have also been allocated for construction of Mohmand Dam Hydropower Project. Beside water reservoirs, the small and medium dams play a positive role in water conservation. In order to expedite the construction of such dams, it is essential to ensure availability of requisite funds according to the approved financial phasing/ requirements approved by the competent forum CDWP/ECNEC.

List of various small and medium dams along with water reservoirs being sponsored by the Federal Government and executed by WAPDA and provincial Irrigation Departments in the country under the PSDP is given at Annexure A. Cumulative capacity of small/medium/large dams is as below:

Sr. No.	Small/ Medium/ Large Dams	
1.	Execution stage	8.763371 maf
2.	Planning stage	21.415 maf
Total		30.178 maf

However, the desalination of sea water pertains to PCRWR and doesn't fall within the ambit of this Ministry.

(Annexure has been placed in the National Assembly Library)

234. ***Pir Syed Fazal Ali Shah Jillani:**
(Deferred during 9th Session)

Will the Minister for National Health Services, Regulations and Coordination be pleased to state:

- (a) *whether it is a fact that Federal Government Polyclinic, Islamabad has purchased medicines from local companies inspite of Multinational Pharmaceutical companies and available medicines are of low quality;*
- (b) *whether it is also a fact that the entitled patients of heart treatment are suffering difficulties due to use of low quality medicines; and*
- (c) *if the answer to part (a) above is in affirmative, the reasons thereof and names of the companies from whom medicines are purchased and action being taken by the Government against the responsible to redress the grievances of the heart and other kinds of diseases patients?*

Minister for National Health Services, Regulations and Coordination: (a) The purchase of medicines is done through open tender and only those companies are allowed to take part which are registered with DRAP. As per PPRA Rules, the lowest quoted price is accepted. Further all the medicines sampled by Federal Drug Inspector have been declared "STANDARD" by Drug Testing Laboratory this financial year 2018-19

(b) No, the FGPC is providing medicines already registered with DRAP to all entitled /non entitled and heart disease patients. No such complaint has been received so far.

(c) N/A.

235. ***Ms. Mehnaz Akber Aziz:**
(Deferred during 9th Session)

Will the Minister for National Health Services, Regulations and Coordination be pleased to state the steps being taken by the Government to reduce maternal mortality ratio from 178 per 100,000 to 70 per 100,000?

Minister for National Health Services, Regulations and Coordination: According to the United Nations Inter Agency Group, maternal mortality ratio for Pakistan was 178/100,000 live births in 2015 which has decreased from 306/100,000 live births in 2000 (about 72% reduction in the last one and half decade). Currently the maternal mortality survey is underway, and the report will be made available in near future.

The steps taken by the Government are as follows:

- (i) The Government is cognizant of the significant challenges posed by the infant mortality burden in the country.
- (ii) The Government is implementing PM Health program to provide health cards to increase the access of population living below 2 dollars a day, in which maternal and new born care package has been included. 3.2 million Families have been registered in 38 districts and is being scaled up across the country.
- (iii) As a major push to reduce vaccine preventable diseases, the NISP financing mechanism has markedly reduced the costs of vaccines in the country through centralized procurement and financing mechanism. This has led to increased efficiencies in procurement and supply mechanisms. Results are getting reflected through improved all basic vaccines coverage rates (74%) and reduction of no-vaccine cases (now only 4%) - (Pakistan Demographic Health Survey 2017-18).
- (iv) The Government has developed the Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH&N) National vision (2016-25), which lists ten priority areas for dealing with the issues around RMNCAH in the country.
- (v) Improving the access and quality of R-MNCAH&N primary care community-based services ensuring continuum of care including newborn care in rural districts and urban slums is one priority area.
- (vi) Development of the five-year RMNCAH Costed Plans for the period 2016 to 2020; in view of National Health Vision 2016 – 2025 and in line with priority actions to address challenges RMNCAH and nutrition.

- (vii) Revision of essential drug list to include RMNCAH commodities.
- (viii) Review and updating of Integrated Management of Neonatal and Childhood Illness (IMNCI) guidelines.
- (ix) Introduction of Chlorhexidine for umbilical cord care to prevent infections in new born.
- (x) Infrastructure / equipment for Establishing Model Sick Newborn Care units with equipment.
- (xi) Capacity development for health care providers on:
 - (a) Essential New Born Care
 - (b) Kangaroo Mother Care (KMC)
 - (c) Management of sepsis and prematurity
 - (d) Management of sick newborns in Sick Newborn Care Units (SNCUs)

236. ***Dr. Shazia Sobia Aslam Soomro:**
(Deferred during 9th Session)

Will the Minister for National Health Services, Regulations and Coordination be pleased to state the names and location-wise total number of hospitals in Pakistan which are treating patients of Cancer without any fee?

Minister for National Health Services, Regulations and Coordination: All the government hospitals of Pakistan having Oncology Unit are providing free of cost treatment to cancer patients. However, Pakistan Atomic Energy Commission (PAEC) gives high priority to the application of nuclear technology in health sector. Through its 18 medical centers spread all over the country, patients receive state-of-the-art diagnostic and treatment facilities either free of charge or at subsidized rates.

237. ***Mr. Sher Akbar Khan:**
(Deferred during 9th Session)

Will the Minister for National Health Services, Regulations and Coordination be pleased to state:

- (a) *the percentage of budget which Government spends for mental health; and*
- (b) *the steps being taken by the Government to overcome increasing mental health problems at present?*

Minister for National Health Services, Regulations and Coordination: (a) Currently there is no separate budget allocated for mental health. The budget is allocated to the hospitals for overall health care.

- (b) (i) There are five mental hospitals available in the country for a total of 1.9 beds per 100,000 population. The total number of human resources working in mental health facilities or private practice per 100,000 population is 87.023.
- (ii) Total 342 psychiatrist, 478 psychologists, 102597 other health or mental health workers (including auxiliary staff, non-doctor/non-physician primary health care workers, health assistants, medical assistants, professional and paraprofessional psychosocial counselors are providing services.
- (iii) The national and provincial leadership has shown commitment to improving mental health by adoption of the World Health Organisation's Comprehensive Mental Health Action Plan (2013 – 2020) and WHO EMRO framework for Mental Health by taking policy decision to manage huge treatment gap by implementing MHGAP priority mental health illnesses, through Primary Health Care Approach.
- (iv) WHO has developed an evidence-based "Mental Health Gap Intervention Guide" (mhGAP IG) for enabling the country programmes to strengthen the mental health care in low-resource settings. Planning meetings were carried across the country in 2016 to prioritize mental health illnesses, currently, the staff at

Basic Health Units, Rural Health Centers of district Rawalpindi, Peshawar, Hyderabad, Quetta, Lasbella and Shaheed Benazirabad, were trained to implement mhGAP in primary health care.

238. ***Mr. Faheem Khan:**
(Deferred during 9th Session)

Will the Minister for National Health Services, Regulations and Coordination be pleased to state:

- (a) *whether there is any proposal under consideration of the Government to establish Federally Administrative Hospitals for entitled senior citizens in the country;*
- (b) *if so, when it will be implemented; if not, the reasons therefor?*

Minister for National Health Services, Regulations and Coordination: (a) There is no proposal under consideration to establish separate hospitals for entitled senior citizens in the country at present.

(b) The reason is that federally administrative hospitals are giving services to all senior citizen and the government servants are entitled in all four hospitals i.e Pakistan Institute of Medical Science, Federal General Services Hospital, National Institute of Rehabilitation Medicine and Federal General Hospital. There are separate counters established for senior citizens and they are seen on pririority. There is no need to spend expenditure on separate hospitals for senior citizens.

240. ***Mr. Muhammad Afzal Khokhar:**
(Deferred during 9th Session)

Will the Minister for National Health Services, Regulations and Coordination be pleased to state:

- (a) *whether it is a fact that Federal Government Polyclinic requires additional Wards and Blocks;*
- (b) *whether it is also a fact that any extension in the said Hospital is possible in South Ward, on the land of Argentina Park;*

- (c) *if the answers to parts (a) and (b) above are in affirmative, whether the Government intends to construct additional wards and blocks of the said Hospital on some portion of the land of this Park; if so, when it will be constructed; if not, the reasons thereof?*

Minister for National Health Services, Regulations and Coordination: (a) Yes, FGPC requires additional wards and blocks.

- (b) (i) Yes, the government is planning vertical and horizontal extension of the FGPC hospital, in a purpose built structure on additional 2.54 acres land, which was allocated from the adjacent Argentina Park on 24-08-2015.
- (ii) A PC-II for Extension of FGPC amounting to Rs.47.896 million has already been approved by DDWP. The process of feasibility study may be started shortly.
- (iii) Hopefully, the said project will increase beds from 545 to 1100 and the new expansion will provide well equipped facilities to the patients. At present we do not have the facilities like cath-lab, C.T.Scan, MRI, Trauma centre, Neuro surgery, Pediatric surgery etc.

(c) There is a court case in Islamabad High Court on allocation of land for hospital, which is still under process. Further the honorable Supreme Court of Pakistan vacated the stay order given by Islamabad High Court. Now the feasibility study will be conducted by Pak-PWD and after completion of feasibility study the PC-I will be prepared to start the project.

241. ***Ms. Uzma Riaz:**
(Deferred during 9th Session)

Will the Minister for National Health Services, Regulations and Coordination be pleased to state:

- (a) *the names and number of the ongoing projects of Pakistan Institute of Medical Sciences at present alongwith funds allocated for each of the said project; and*
- (b) *the time by which said projects will be accomplished alongwith the details of each one separately?*

Minister for National Health Services, Regulations and Coordination: (a) The names and number of the ongoing projects of Pakistan Institute of Medical Sciences at present alongwith funds allocated for each of the said projects is submitted at **Annex-A**.

(b) The time by which said projects will be accomplished alongwith the details of each one separately is submitted at **Annex-B**.

(Annexures have been placed in the National Assembly Library)

242. ***Ms. Shamim Ara Panhwar:**
(Deferred during 9th Session)

Will the Minister for National Health Services, Regulations and Coordination be pleased to state:

(a) *the names of hospitals in Islamabad which do not have facility of medical waste disposal plants at present;*

(b) *if so, the reasons thereof?*

Minister for National Health Services, Regulations and Coordination: (a) There are 04 hospitals working under health wing of M/o NHSRC, Islamabad *i.e.* PIMS, FGPC, NIRM and FGH.

All hospitals have facilities of medical waste disposal plants.

(b) N.A.

244. ***Ms. Shahida Rehmani:**
(Deferred during 9th Session)

Will the Minister for National Health Services, Regulations and Coordination be pleased to state why President and Secretary for Pharmacy Council are not being appointed alongwith the procedure for appointment of Member in Pharmacy Council and the number of its Members?

Minister for National Health Services, Regulations and Coordination: (1) There is a President of Pharmacy Council of Pakistan as per Pharmacy Act, 1967; the Director General Health is *ex-officio* President of the Council.

(2) Full time Secretary of the Council could not be appointed due to the non existence of Service Bye-Laws of the Council; the draft bye-laws are approved by the Council and these are under process of vetting by Establishment Division and M/o Law & Justice.

(3) For stop gap arrangement, a panel of 3 eligible candidates have been recommended by the Council for appointment on additional charge basis as Secretary.

(4) There are 15 members of the Pharmacy Council of Pakistan and procedure for their appointment is given in Section-4 of Pharmacy Act, 1967.

245. ***Ch. Muhammad Barjees Tahir:**
(*Deferred during 9th Session*)

Will the Minister for National Health Services, Regulations and Coordination be pleased to state:

- (a) *whether there is any proposal under consideration to provide facility of collection of tests samples and issuance of reports on the pattern prevalent in Islamabad High Court; if not, the reasons of such discrimination amongst both the institutions;*
- (b) *the number of staff that will be required if the facility of collection of tests samples and issuance of reports is provided in the Parliament House Dispensary alongwith expenditures to be incurred thereon; and*
- (c) *the time by which facility of collection of tests samples and issuance of reports will be provided in Parliament House Dispensary?*

Minister for National Health Services, Regulations and Coordination: (a) Currently there is no practice of collection for test samples and issuance of report in Islamabad High Court. No dedicated staff is posted

there for any such purpose. Hence there is no discrimination is being done in the institutions.

(b) The staff required for said facilities would be clerical and paramedical staff. However, extra posts needed to be created for staff to be posted at National Assembly dispensary.

(c) The facility can only be provided after provision of necessary staff etc.

246. ***Ms. Zaib Jaffar:**
(Deferred during 9th Session)

Will the Minister for National Food Security and Research be pleased to state:

- (a) *the details of food items being produced by the National Agricultural Research Center (NARC); and*
- (b) *whether it is a fact that milk being sold at the NARC's display shop at Park Road, Islamabad, is contaminated and is not being tested; if so, the reasons thereof?*

Minister for National Food Security and Research (Sahibzada Muhammad Mehboob Sultan): (a) The National Agricultural Research Center (NARC) is a research organization working on different areas of agriculture including crops, vegetable, animals, honeybees and other fields. The research products/byproducts are displayed / sold on display center NARC. It includes honey, isabghol, seasonal fruit/ vegetable, vegetable pickles, banana cake, wheat flour, multi-grain flour, milk, white cheese and yogurt.

(b) The milk being sold at the NARC's display shop at Park Road, Islamabad is not contaminated. The said milk is tested randomly on fortnight basis by Dairy Technology Section, Animal Sciences Institute, NARC.

The results of last analysis carried on 19-03-2019 is as under:

Lactometer Reading (LR)	25
Fat (%)	3.40
Total Solids (%)	11.20
Solids-not-Fat (%)	7.70

The sample was also tested for presence or absence of following adulterants:

1. Urea
2. Detergent
3. Soda
4. Hydrogen per Oxide
5. Starch
6. Formalin

None of the above adulterant was found in the sample.

249. ***Nawab Muhammad Yousuf Talpur:**
(Deferred during 9th Session)

Will the Minister for National Health Services, Regulations and Coordination be pleased to state:

- (a) *the composition, names, qualifications and domiciles of Board of Directors of Drug Regulatory Authority Pakistan; and*
- (b) *the mandate of DRAP?*

Minister for National Health Services, Regulations and Coordination: (a) The composition, names, qualifications and domiciles of the Policy Board of Drug Regulatory Authority of Pakistan is placed at Annexure-A.

(b) Mandate of Drug Regulatory Authority of Pakistan is placed at Annexure-B.

(Annexures have been placed in the National Assembly Library)

251. ***Nawab Muhammad Yousuf Talpur:**
(Deferred during 9th Session)

Will the Minister for National Health Services, Regulations and Coordination be pleased to state:

- (a) *the details of each of the private Medical College;*

- (b) *the number of students they are allowed for admission;*
- (c) *the actual number of students admitted in each of the college giving reason for admitting more than allowed authorized number; and*
- (d) *the action taken by the Government against them?*

Minister for National Health Services, Regulations and Coordination: (a) List of private medical colleges is at **(Annex-A)**

(b) Detail of seats allocation is at **(Annex-B)**

(c) The number of students admitted in each of the college is at **(Annex-C)** The reason for admitting more than allowed authorized number being the Centralized Admission Policy was made applicable for the first time for session 2018-19 before that each private sector medical/dental college admitted student on their own criteria/Test.

(d) Pakistan Medical & Dental Council being a regulatory body in its 142nd Session of Council held on 12-03-2016 **(Annex-D)** decided that 100% tuition fee will be charged from each student in lieu of all charges 100% tuition fee charged from each student in lieu of all charges for each year (five year total) by institute shall be paid by concerned institute of PMDC as penalty if any over admitted students graduated or intend to be registered with PMDC as student. Further, decided that from session 2016-17, no admission shall be made beyond allotted annual admission to institutes by PM&DC and failing to comply shall warrant disciplinary proceedings against institutes/ persons as provisioned in section 22 and 22 B of PM&DC Ordinance 1962.

(Annexures have been placed in the National Assembly Library)

254. ***Dr. Mahreen Razzaq Bhutto:**
(Deferred during 9th Session)

Will the Minister for National Health Services, Regulations and Coordination be pleased to state:

(a) *progress of ongoing Federal Health Projects in Sindh; and*

(b) *the details regarding the improvement in Maternity and Child Health-care of last five years till date?*

Minister for National Health Services, Regulations and Coordination: (a) All initiatives of Ministry of National Health Services, Regulations and Coordination for health care are implemented in Sindh, such as:

- Sehat Sahulat Program is a social health protection initiative of Ministry and is providing free of cost Sehat Insaf Cards to all poor and vulnerable families of District Tharparkar. Through this health card 300,000 enrolled families will be able to access quality indoor health care services worth Rs: 720,000 from empanelled hospital across Pakistan. The program is aiming to improve the health status by ensuring access to quality health care services and by reducing catastrophic health care expenditure event. 100% cost for district Tharparkar is being borne by Federal Government.
- Prime Minister has announced to provide 4 fully equipped ambulances for Tharparkar Health Care System and the procurement is under process.
- Mobile Clinics along with medicine and accessories will be supplied and operated in the districts Tharparkar (1 Primary Health Clinic) and Umarnkot (1 Primary Health Clinic and 1 Surgical Clinic) in the first phase of the project. The preparatory activities of Pakistan Mobile Clinics are in progress.

Other ongoing programs are:

- Health Information System (HIS) Action Plan
- International Health Regulation (IHR) Action Plan
- Direct support to Sindh by Federal Government for the technical component of Integrated Disease Surveillance Response (IDSR).

(b) According to the United Nations Inter Agency Group, maternal mortality ratio for Pakistan was 178/100,000 live births in 2015 which has decreased from 306/100,000 live births in 2000 (about 72% reduction in the last one and half decade).

Currently the maternal mortality survey is underway, and the report will be made available in near future.

- Pakistan carries a high infant mortality rate (deaths among those aged less than one year of age) across the comity of nations. The country has made a slow but steady progress towards reduction of such deaths, with a nearly 28% decline in infant deaths across 1990-91 to 2017-18 (Infant Mortality of 86 deaths per 1,000 live births in 1990-91 to 62 deaths per 1,000 live births in 2017-18). Pakistan ranked at 22 out of 197 countries, high under-five mortality (74 child deaths per 1,000 live births equivalent to 440,000 child deaths) is mainly because of neonatal conditions.
- With positive trajectory in different surveys, full immunization coverage was 66 per cent in 2017-18. An estimated 84.5 percent of children under age five were taken to a health facility or care provider for advice or treatment. The proportion of children with diarrhoea taken to a health care provider for advice or treatment has increased to 71 percent.

Following steps are being taken to address the issue.

- (i) The Government is implementing Sehat Sahulat Program in district Tharparkar to provide health cards to increase the access of 300,000 poor and vulnerable population, in which maternal and new born care package has been included.
- (ii) As a major push to reduce vaccine preventable diseases, the NISP financing mechanism has markedly reduced the costs of vaccines in the country through centralized procurement and financing mechanism. This has led to increased efficiencies in procurement and supply mechanisms. Results are getting reflected through improved all basic vaccines coverage rates (74%) and reduction of no-vaccine cases (now only 4%) - (Pakistan Demographic Health Survey 2017-18).
- (iii) The Government has developed the Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH&N) National vision (2016-25), which lists ten priority areas for dealing with the issues around RMNCAH in the country.

- (iv) Improving the access and quality of R-MNCAH&N primary care community-based services ensuring continuum of care including newborn care in rural districts and urban slums is one priority area.
- (v) Development of the five-year RMNCAH Costed Plans for the period 2016 to 2020; in view of National Health Vision 2016 – 2025 and in line with priority actions to address challenges RMNCAH and nutrition.
- (vi) Revision of essential drug list to include RMNCAH commodities.
- (vii) Review and updating of Integrated Management of Neonatal and Childhood Illness (IMNCI) guidelines.
- (viii) Introduction of Chlorhexidine for umbilical cord care to prevent infections in new born.
- (ix) Infrastructure / equipment for Establishing Model Sick Newborn Care units with equipment.
- (x) Capacity development for health care providers on:
 - a. Essential New Born Care
 - b. Kangaroo Mother Care (KMC)
 - c. Management of sepsis and prematurity
 - d. Management of sick newborns in Sick Newborn Care Units (SNCUs)
 - e. Infant and Young Child Feeding (IYCF)

256. ***Ms. Saira Bano:**
(Deferred during 9th Session)

Will the Minister for National Health Services, Regulations and Coordination be pleased to state:

(a) *the total number of medicines, registered in the country;*

- (b) *how can a common man distinguish between genuine and spurious medicines;*
- (c) *whether DRAP has uploaded names of registered medicines and their manufactures; if so, the details thereof;*
- (d) *if not, what steps are being taken to upload names of all registered medicines and manufactures thereof and eliminate spurious medicines?*

Minister for National Health Services, Regulations and Coordination: (a) Approximately, 950 generics in different strengths and dosage forms are registered in the country amounting to a total of about 80000 total registered drugs including locally manufactured and imported drugs for both human beings and animals.

(b) The Federal Government has notified Bar Coding System (Serialization) vide S.R.O 470(1)/2017 duly notified in the Official Gazette on 15-06-2017 for prompt identification of spurious/ counterfeit drugs at every level. It would be easily detectable whether product is genuine or spurious by the use of smart phone application by the patient/ retailer/ wholesale/ regulator. This 2D Data Matrix system on the pharmaceutical products will serve as a tool for the eradication of spurious, illegal and unregistered drugs. The above notification is in phase of further amendment by Supreme Court of Pakistan.

(c) DRAP has uploaded a provisional list of Registered Drugs on the Website of DRAP which also bears the name of manufacturers/ importers of registered drugs. This list is under process of continuous review and updation. This list will also contain authentic information as soon as process of digitalization is completed.

(d) As referred to in response to the part (a) of question initiative of digitalization process is an attempt which is being made to scan all the relevant data of manufacturers / importers and registered products.

This project will be completed in about six months. This will be a helpful tool for authentication of the data provided by DRAP towards all stakeholders.

As far as **elimination of spurious medicines** is concerned, Drug Regulatory Authority of Pakistan (DRAP) has constituted National Task Force for eradication of spurious and unregistered drugs. More than 23,000 inspections of the manufacturers and sellers have been reported by the Federal and Provincial inspectors. During these inspections, more than 3400 violations of DRAP Act, 2012 have been identified and appropriate action under the law is being taken against the violators.

257. ***Mr. Muhammad Aslam Khan:**
(Deferred during 9th Session)

Will the Minister for National Health Services, Regulations and Coordination be pleased to state:

- (a) *whether it is a fact that date of birth of Doctor Maluke Bugti in Directorate of Central Health Establishment is 28-03-1957 as per officials record and the date of his retirement was 27-3-2017;*
- (b) *whether it is also a fact that his services were extended on the basis of a fake birth certificate produced at the time of his retirement; and*
- (c) *the action taken against him by the Ministry?*

Minister for National Health Services, Regulations and Coordination: (a) As per record, the D.O.B of Dr. Malook Bugti is 28-03-1957.

However on the direction of FST *vide* judgment dated 1-8-2017 his DOB was considered as 28-03-1961. This Ministry has filed ICA in Supreme Court against the judgment of FST.

(b) He was retired on 27-03-2017 on superannuation as per his DOB in record *i.e.* 28-03-1957. After retirement, he claimed that this DOB as 28-03-1961 instead of 28-03-1957. On the basis of official record, he was disallowed this change in DOB. He filed appeal in FST Karachi and his appeal was allowed. FST *vide* judgment considered his DOB as 28-03-1961. This case is again subjudice in Supreme Court through ICA.

(c) The said officer was having 03 CNIC and various Secondary School Certificates (SSCs). This office has tendered many explanations to the officer to clarify his position in but no reply received. As the case against FST judgment has also been challenged *vide* ICA in Supreme Court, so action will be taken once finalized.

258. ***Mr. Abdul Qadir Patel:**
(Deferred during 9th Session)

Will the Minister for National Health Services, Regulations and Coordination be pleased to state:

- (a) *the statutory mandate of Drug Regulatory Authority of Pakistan (DRAP) with regard to fix and maintain the prices of medicines at affordable level, availability in domestic market and bring multinational companies to set up their manufacturing in Pakistan;*
- (b) *whether it is a fact that manufacturing of essential medicines have been stopped during the recent years and DRAP is yet to initiate an investigation as to why manufacturers suspended the production of essential medicines; if so, the reasons thereof; and*
- (c) *the steps being taken by the Government to ensure maintaining the prices of medicines at affordable level and availability in domestic market?*

Minister for National Health Services, Regulations and Coordination: (a) The mandate of Drug Regulatory Authority of Pakistan (DRAP) is to enforce Drug Act 1976. One of the main functions under the Drug Act is to regulate the manufacture of drugs in Pakistan. It does not discriminate between national and multinational company.

DRAP issues guidelines and monitors the enforcement of regulation for pricing and mechanism for fixation of prices of various therapeutic goods under its ambit.

(b) It is not correct. The Essential medicines and their therapeutic equivalents are freely available in the market. If any complaint of non-availability originates from any corner, the same is thoroughly investigated

by the committee on availability of life saving drugs and every effort is made to ensure the availability of essential drugs or their therapeutic equivalents in the market.

(c) The following steps have been taken by the Federal Government to maintain the prices of medicines at affordable level and availability in domestic market.

I. Regulation imposed:

Drug Regulatory Authority of Pakistan, with the approval of Federal Cabinet notified a Drug Pricing Policy-2018 which provides a transparent mechanism for fixation, decrease & increase in maximum retail prices of drugs.

II. Reduction in MRPs of drugs:

Reduced Maximum Retail Prices of 395 drugs vide S.R.O.1610 (1)/2018 dated 31st December 2018 have been notified.

III. Encouragement of production of generics

Manufacturing of generic drugs is being encouraged and facilitated, as by and large the generic products are cheaper than the branded drugs. Manufacturers of generic drugs are being facilitated on priority basis.

Priority is also being given to grant registration to new licenses/ new sections to increase production of drugs which increases competition in the open market which in turn results in the reduction of prices of drugs.

IV. Coordination with provincial health authorities to monitor prices in the market

Under Section 6 of the Drugs Act, 1976, the storage and sale of drugs in the market is regulated by the Provincial Governments, therefore, DRAP has advised the Provincial Health Authorities to take action under the law against the companies who increase prices of drugs more than approved prices.

259. ***Dr. Mahreen Razzaq Bhutto:**
(Deferred during 9th Session)

Will the Minister for National Health Services, Regulations and Coordination be pleased to state:

- (a) *whether it is a fact that Government has remained unable to eradicate polio from the country despite heavy spending of money and organized campaigns;*
- (b) *if so, the reasons thereof, as well as the steps taken or being taken by the Government to make Pakistan polio free country?*

Minister for National Health Services, Regulations and Coordination: (a) The Government of Pakistan is fully committed to eradicate polio by controlling the spread of polio virus in few areas of the country. However, the honorable PM of Pakistan has set a clear priority for polio eradication in Pakistan. Country while moving towards its eradication efforts is facing number of challenges, including weak health systems and misconception of community.

(b) Since 1994 the number of cases has been reduced from 2560 to current 41 polio cases in the country during 2019. We are also aware, that the world is under the grip of one of its worst antivaxxers movement which includes highly educated and aware cities in western world and Pakistan is not an exception. However, the current government of Pakistan has not only initiated a crackdown against antivaxx propaganda on social media but has also established a hot line with Global social media Giant Face Book company to address the same.

The challenges are being aggressively addressed through closer coordination with provincial administration, departments of health as well as through a revised operation strategy at ground level with key support from a renewed communication strategy and plans specially focusing on perception management to address the issue of refusals.

The **key reasons** due to which Pakistan has not fully controlled the spread of polio in the country include:

- Increase in the number of refusals to Polio vaccination due to negative propaganda against the Polio programme & vaccine on social media

- Low risk perception for Polio within the community
- Attacks and threats on Polio workers in few areas leading to their low morale
- High population mobility within country and from across the borders
 - o People in Pakistan and Afghanistan constantly remain on the move both within countries and across the borders and vaccinating them consistently, therefore, becomes a challenge.
 - o The existence of inaccessible pockets on Afghanistan side within the shared corridors is further compounding this problem.
- Conducive environment for the virus especially in the core reservoirs of Karachi, Peshawar and Quetta block
 - o Challenges associated with the provision of safe water & sanitation, malnutrition
 - o Weak routine immunization coverage in the country
- Dip in Polio performance during political transitions due to decreased oversight of the management at the implementation level

All respected members of this august forum are requested to support polio eradication as a national cause within their constituencies, to get all eligible children vaccinated both in routine EPI as well as during the special door to door Polio campaigns across the country.

26. ***Mr. Saleh Muhammad:**

Will the Minister for Housing and Works be pleased to state:

- (a) *whether it is a fact that Estate Office removes the names of such Federal Government servants from General Waiting List as have been allotted houses, on out of turn basis, without considering that they have been given possession of the house or not; and*
- (b) *whether the Ministry intends to include the seniority-wise names of such employees, whose names were removed from General*

Waiting List, till they get possession and the details from the year 2007 till date in this regard?

Minister for Housing and Works (Chaudhary Tariq Bashir Cheema): (a) No. The Estate Office do not remove the names of such Federal Government Servants from GWL who have been allotted government accommodation on out of turn basis without considering that they have not taken possession of their allotted houses.

(b) As stated above.

27. ***Ch. Muhammad Hamid Hameed:**

Will the Minister for Housing and Works be pleased to state:

(a) *whether consent letters have not been issued by Federal Government Employees Housing Foundation to the members whose memberships have been upgraded from Cat-II to I; if so, the details and justification thereof; and*

(b) *the time by which consent letters for allotment of plots will be issued to the said members?*

Minister for Housing and Works (Chaudhary Tariq Bashir Cheema): (a) Yes. It is a fact that the category of membership of already registered members in Category-II has been upgraded to category-I with the condition that they will be given seniority at bottom of already registered members in that category and accordingly will be considered for allotment on their turn.

(b) Those members whose category of is membership have been upgraded in Membership Drive, phase-I or II shall be considered on their turn in the housing schemes which will be launched in near future.

28. ***Ms. Mehnaz Akber Aziz:**

Will the Minister for National Health Services, Regulations and Coordination be pleased to state:

(a) *how much budgetary allocations were made for nutrition in the Federal Budgets 2017-18 and 2018-19 alongwith their spending reports;*

(b) *the nutrition related allocations in the Federal Budget 2019-20;*

- (c) *the plans of the Government to promote/improve nutrition in Pakistan; and*
- (d) *the detail of awareness raising efforts/campaigns carried out to promote girls education as well as nutrition and discourage child marriages?*

Minister for National Health Services, Regulations and Coordination: (a) Federal Government is cognizant of the situation of malnutrition in the country especially among women and children less than 5 years of age, as revealed by National Nutrition Survey 2018 (NNS-2018). After Devolution the Federal Ministry is responsible for policy formulation, providing guidance and technical assistance to the provinces, formulation of legislation and standards and coordination between the provinces. The implementation of the programs in the provinces is with the provinces and it is only Federal Areas including ICT, AJ&K and GB where Federal Government can implement/ support regional governments in implementation of different interventions.

There were no budgetary allocations for Nutrition in Federal Budget 2017-18 and revised Federal Budget 2018-19. Usually the budget is allocated for health as a whole. No budget was spent on Nutrition by the Federal Government during these two years.

(b) Usually the federal budget has allocation for Health as a whole and there are no specific allocations for Nutrition.

(c) The National Health Task Force established by the Prime Minister has recently given some recommendations to improve the situation of Malnutrition in the country as revealed in NNS-2018. Based on these recommendations a large scale Nutrition PC1 would be prepared in collaboration with the provinces and regions.

(d) The awareness campaign for education and Child Labour are not in the domain of Ministry of NHR&C. No awareness campaign carried out for awareness of nutrition among girls by the federal government. However provinces are doing some communication activities on nutrition.

29. ***Mr. Saad Waseem:**

Will the Minister for National Health Services, Regulations and Coordination be pleased to state:

- (a) *whether it is a fact that Pakistan Medical and Dental Council does not recognize the degree of Consultancy in Family Physician awarded by Australia, Canada and UK;*
- (b) *if so, the reasons thereof; and*
- (c) *what steps are being taken to give recognition to such degrees?*

Minister for National Health Services, Regulations and Coordination: (a) No, PM&DC recognizes qualifications such as Diplomate American Board in Family Medicine USA, MRCGP UK and FRACGP Australia as additional foreign postgraduate qualifications.

(b) As mentioned in (a) above.

(c) Those postgraduate foreign qualifications which are not included in third schedule of PM&DC Ordinance 1962 are considered and assessed under Section 18 of the PM&DC Ordinance 2019. The candidates have to apply on prescribed form No. VI for consideration of their foreign postgraduate qualification. The same is placed before the Standing Recognition Committee and applicant is also called for personal hearing. If the Committee is satisfied on merit of the case, registration is granted otherwise the request is regretted.

30. ***Ms. Naz Baloch:**

Will the Minister for National Health Services, Regulations and Coordination be pleased to state:

- (a) *why the prices of emergency medicines have been increased; and*
- (b) *what steps have been taken to reverse the prices?*

Minister for National Health Services, Regulations and Coordination: (a) Reasons for increase the prices of drugs are as under:

- * Devaluation of Pak Rupee against USD @ 30%, during 2018.
- * Increase in prices of API in China due to closure of plants on account of environmental reasons.

- Increase in prices of excipients and packaging materials of drugs.
 - Increase in manufacturing cost due to rise in cost of utilities i.e electricity and gas.
 - Shortage of quality drugs due to increase in cost of production of API.
 - Multinational companies are retreating and investment opportunities are also being affected.
- (b) i. Maximum Retail Prices of 395 drugs were reduced *vide* SRO 1610(1)/2018 dated 31-12-2018
- ii. Maximum Retail Prices of 78 drugs have been reduced vide S.R.O.577 (1)/2019 dated 24th May, 2019 after approval by the Federal Government.
- iii. Reduced maximum retail prices of 469 drugs were published in newspapers (The Express and The News) on 23-06-2019 for awareness of the public. A complaint cell has been established and public was requested to lodge complaints on toll free number Tel:080003727 if drugs were being sold on prices higher than the notified MRPs.

31. ***Mr. Abdul Qadir Patel:**

Will the Minister for National Health Services, Regulations and Coordination be pleased to state:

- (a) *the purchase/contract details of the company, supplying medicines to Cardiac Centre, PIMS, Islamabad;*
- (b) *whether it is a fact that the medicines, provided to patients at the aforesaid Centre and Hospital, are of poor quality as compared to the medicines available for such illness in open market;*
- (c) *the steps, being taken by the Ministry for quality monitoring of medicines and their audit keeping in view of public health?*

Minister for National Health Services, Regulations and Coordination: (a) List of medicines of Cardiac Centre and the Purchase / Contract details of company is enclosed at **Annex-A & B.**

(b) Procurement of Drug / medicines is done through prescribed policy as per PPRA Rules and properly regulated by Purchase Department. In this regard a comprehensive Purchase Committee is constituted with the approval of Competent Authority. This committee comprises of technically expert officers / officials and representation of clinical / surgical specialties.

Moreover two envelop procedure have been adopted by PIMS for the first time to evaluate Pharmaceutical Manufacturers, Importer Distributors properly authenticated by DRAP.

The PIMS tender for the Purchase of medicines are floated in the National Press and only those Pharmaceutical Manufactures who have been licensed by Drug Regulatory Authority of Pakistan (DRAP) are allowed to participate in it.

Other measures to ensure the provision of quality medicines to all patients treated at PIMS are as under:-

- Inspector of Drugs is called to draw samples of that drug for the purpose of test and analysis from Government drug testing laboratory.
- If suspected drug is found to be of substandard quality, and action is taken against its manufacturer as per terms and conditions of the tender and according to Drug Act 1976 and by Inspector of Drugs also.
- At the time of delivery of medicines, warranty for quality is obtained from the manufacturer so as to ensure that medicine supplied does not contravene in any way the provisions of section 23 (1) of Drug Act, 1976.

(c) The audit team of Auditor General of Pakistan (AGP) has carried out audit on annually basis.

(Annexures have been placed in the National Assembly Library)

32. ***Dr. Nafisa Shah:**

Will the Minister for Housing and Works be pleased to state which districts have been included in Naya Pakistan Housing Scheme, and the status thereof?

Minister for Housing and Works (Chaudhary Tariq Bashir Cheema): Initially, for registration in housing schemes under Naya Pakistan Housing Program, the following cities were included:-

- | | |
|----------------|------------------|
| i. Faisalabad | ii. Gilgit |
| iii. Islamabad | iv. Muzaffarabad |
| v. Quetta | vi. Sukkur |
| vii. Swat | |

Now, campaign for registration has been started in whole Pakistan w.e.f 15-07-2019.

2. Later on, Naya Pakistan Housing & Development Authority was established under an Ordinance and was placed under Cabinet Division.

33. ***Mr. Muhammad Afzal Khokhar:**

Will the Minister for National Health Services, Regulations and Coordination be pleased to state:

- (a) *the steps, being taken by the Government to bring the prices of drugs under control in the country; and*
- (b) *whether any Government functionary was involved in the price hike of medicines; if so, the action taken against such individuals?*

Minister for National Health Services, Regulations and Coordination: (a) The following steps have been taken to reduce the price of medicines in the country:-

I. Reduction in MRPs of drugs:

- i. Maximum Retail Prices of 395 drugs were reduced vide SRO 1610(1)/2018 dated 31-12-2018
- ii. Maximum Retail Prices of 78 drugs have been reduced vide S.R.O.577 (1)/2019 dated 24th May, 2019 after approval by the Federal Government.
- iii. Reduced maximum retail prices of 469 drugs were published in newspapers (The Express and The News) on 23-06-2019 for awareness of the public. A complaint cell has been established and public was requested to lodge complaints on toll free number Tel:080003727 if drugs were being sold on prices higher than the notified MRPs.

II. Regulation imposed:

Drug Regulatory Authority of Pakistan, with the approval of Federal Cabinet notified a Drug Pricing Policy-2018 which provides a transparent mechanism for fixation, decrease & increase in maximum retail prices of drugs.

III. Encouragement of production of generics

Manufacturing of generic drugs is being encouraged and facilitated, as by and large the generic products are cheaper than the branded drugs. Priority and all facilitations are being given to the manufacturers of generic drugs and to make their investment fruitful in the shortest possible time. For that purpose, meetings of the various boards are being held frequently.

Priority is also being given to grant registration to new licenses/new sections to increase production of drugs which increase competition in the market which in turn results in the reduction of prices of drugs.

IV. Coordination with provincial health authorities to monitor prices in the market

Under Section 6 of the Drugs Act, 1976, the storage and sale of drugs in the market is regulated by the Provincial Governments, therefore, DRAP has advised the Provincial Health Authorities to take action under the law against the companies who increase prices of drugs more than approved prices.

(b) No government functionary has been found involved in increasing the prices of medicines. Fixation, increase and decrease in Maximum Retail Prices of drugs is notified in official gazette after approval by the Federal Government since section 12 of the Drug Act, 1976 empowers the Federal Government to fix maximum retail price of any drug.

34. ***Sheikh Fayyaz Ud Din:**

Will the Minister for National Health Services, Regulations and Coordination be pleased to state:

- (a) *the number of HIV/AIDs positive patients in the country, at present and the steps, being taken by Government to control the same; and*
- (b) *the steps, being taken by the Government to create awareness among the people to control the same?*

Minister for National Health Services, Regulations and Coordination: (a) Total estimated HIV cases in Pakistan are 165,000. However latest data reported from HIV Treatment centres (Province wise) is as follow:

Region (Province)	Registered Patients with HIV Treatment Centres
Federal	2,424
Punjab	1,2202
Sindh	6,867
KPK	2,004
Balochistan	834
Total:	24,331 till 31st March, 2019

Steps taken by the Government

- The Pakistan AIDS Strategy (2017-2021) was revised to incorporate the updated epidemiological evidence and reinforce the National Response (through domestic and other resources) to control the rising epidemic and align the National targets with the SDGs for reducing the number of new HIV infections. Efforts have been made to integrate this strategy with other health strategies but keeping in view the

peculiarity of this disease integration is possible to a certain level since this disease deals with Key Populations such as Injecting Drug Users, Transgenders and Sex Workers.

- Establishment of 38 HIV Treatment centres across Pakistan of which 03 are present in Islamabad & Rawalpindi namely PIMS, BBH & CMH That provide
 - free HIV testing and diagnostic services (HIV, CD4 & Viral Load test)
 - Ensuring lifelong free treatment to all HIV patients by providing HIV medicines (ARVs) to all eligible HIV positive patients.
 - Provision of Prevention of Parent-to-Child Transmission services through a HIV/AIDS (PPTCT) centers at PIMS.
- Provision of high impact prevention services to key populations (Transgender & people who inject drugs) through 02 CBOs (Community Based Organizations)
- NACP is actively engaged in advocacy with Parliamentarians, Religious & Opinion leaders, Academic Institutes, Youth, Policy Makers, Media personnel and key populations etc. to promote HIV awareness, encourage safe behaviours and reduce HIV associated stigma and discrimination,
- Capacity building of Provincial Programs and NGOs/CBOs through training, HR and infrastructure support
- Liaison and coordination with other programmes such as National Program of Blood Transfusion, Hepatitis Program and other stakeholders {UN and Development partners, M/o NHR&C, government departments, civil society and community organizations, Association of People Living with HIV (APLHIV) exist for management of co-infections and addressing stigma & discrimination attached to the disease of HIV/AIDS.

(b) Steps taken by the Government to Create Awareness among the People

- Engagement with healthcare providers to provide HIV education and awareness among the health service delivery staff

- Community awareness sessions to educate the general public about HIV prevention, modes of transmission and treatment
- Preparation and dissemination of information, education and communication material in Urdu and local languages
- key population-specific community prevention and awareness interventions

35. ***Ms. Munawara Bibi Baloch:**

Will the Minister for National Health Services, Regulations and Coordination be pleased to state the steps, taken by the present Government to address issues of malnutrition in the country especially in Makran, Bolan, Mashkail District, Shirani and Mastung Regions?

Minister for National Health Services, Regulations and Coordination: Federal Government is cognizant of the situation of malnutrition in the country especially among women and children less than 5 years of age, as revealed by National Nutrition Survey 2018 (NNS-2018). After Devolution the Federal Ministry is responsible for policy formulation, providing guidance and technical assistance to the provinces, formulation of legislation and standards and coordination between the provinces. The implementation of the programs in the provinces is with the provinces and it is only Federal Areas including ICT, AJ&K and GB where Federal Government can implement/ support regional governments in implementation of different interventions.

Unfortunately, there is no direct Federal Government Funding for these areas and Federal Nutrition PC1 is with the Planning Commission. However multiple initiatives have been initiated through the Nutrition Wing, Ministry of NHR&C in Collaboration with Provincial Departments of Health, UN Agencies and development partners as continued nutrition response to prevent and treat malnutrition among most vulnerable especially children.

These interventions include:

1. Stunting Prevention for chronic Malnutrition (supplementation of Wawa Mum, Marta and RU SF)
2. Counselling and Supplementation for prevention (Supplementation of Iron, Folic Acid, MNPs)
3. Infant and Young Child Feeding (IYCF) practices

4. Breast Feeding promotion and protection
5. Food Fortification (Salt iodization, Oil/Ghee with Vit A & D & Wheat Flour fortification with Iron, Zinc. Folic Acid & Vit B12)
6. Community Management of Acute Malnutrition (CMAM) (with Lipid based Nutrition Supplements)

The provinces have developed their own PC 1 s. PC1 for Balochistan (BNPMC) covers 7 districts which includes Panjgoor from Makran and this would expire in December 2019. The Balochistan Nutrition Directorate has prepared and submitted a PC 1 for scale up of nutrition interventions covering 22 districts. Panjgoor, Sherani, Mastung and Bolan from the given list are included in the 5.9 Billion PKR PC1 submitted to Planning Commission.

36. ***Mr. Shahid Ahmad:**

Will the Minister for National Food Security and Research be pleased to state the steps, taken for improvement in District Karak under the Prime Minister's Agriculture Emergency Programme?

Minister for National Food Security and Research (Sahibzada Muhammad Mehboob Sultan): Ministry of National Food Security & Research has developed 13 projects under Prime Minister's Agriculture Emergency Programme. These projects include water conservation, fisheries, productivity enhancement of agricultural crops (Wheat, Rice, Sugarcane, oilseeds crops), Livestock and poultry. Projects will be run by the concerned provinces. All districts of four provinces and GB & AJK are included in these projects including district Karak.

Source:-

Economic Wing ,M/o National Food Security & Research.

37. ***Ch. Muhammad Hamid Hameed:**

Will the Minister for Housing and Works be pleased to state:

- (a) *whether it is a fact that consent letters have not been issued by the Federal Government Employees Housing Foundation (FGEHF) to its members under Membership Drive Phase-II (4th Part); if so, the details and justification thereof; and*

(b) *the time by which consent letters will be issued to the said members?*

Minister for Housing and Works (Chaudhary Tariq Bashir Cheema): (a) The FGE Housing Foundation has not issued consent letters to any of the member who registered under Membership Drive Phase-II (4th part). Their seniority shall be considered at the bottom of already registered members of Membership Drive, Phase-II as a new group as advertised in newspapers

(b) Such members shall be considered for allotment as per membership up gradation criteria mentioned above on their turns in the housing schemes which will be launched by the FGEHF in near future.

38. ***Dr. Nafisa Shah:**

Will the Minister for National Health Services, Regulations and Coordination be pleased to state how much percent raise has been allowed on the medicines and what steps, has the Ministry taken to ensure affordable medicines?

Minister for National Health Services, Regulations and Coordination: The Federal Government has approved increase in maximum retail prices (MRP) of drugs as under :

- Fifteen percent over and above existing maximum retail prices determined under Drug Pricing Policy, 2018 for drugs other than those specified in clause (i).
- Nine percent over and above the maximum retail prices as determined under hardship category during the year 2018; and
- Maximum Retail Prices of 464 drugs were increased under hardship category *vide* SRO 1610(1)/2018.

The following steps have been taken to ensure availability of affordable medicines.

I. **Reduction in MRPs of drugs:**

- i. Maximum Retail Prices of 395 drugs were reduced *vide* SRO 1610(1)/2018 dated 31-12-2018

- ii. Maximum Retail Prices of 78 drugs have been reduced vide S.R.O.577 (I)/2019 dated 24th May, 2019 after approval by the Federal Government.
- iii. Reduced maximum retail prices of 469 drugs were published in newspapers (The Express and The News) on 23-06-2019 for awareness of the public. A complaint cell has been established and public was requested to lodge complaints on toll free number Tel:080003727 if drugs were being sold on prices higher than the notified MRPs.

II. Regulation imposed:

Drug Regulatory Authority of Pakistan, with the approval of Federal Cabinet notified a Drug Pricing Policy-2018 which provides a transparent mechanism for fixation, decrease & increase in maximum retail prices of drugs.

III. Encouragement of production of generics

Manufacturing of generic drugs is being encouraged and facilitated, as by and large the generic products are cheaper than the branded drugs. Priority and all facilitations are being given to the manufacturers of generic drugs and to make their investment fruitful in the shortest possible time. For that purpose, meetings of the various boards are being held frequently.

Priority is also being given to grant registration to new licenses/new sections to increase production of drugs which increase competition in the market which in turn results in the reduction of prices of drugs.

IV. Coordination with provincial health authorities to monitor prices in the market

Under Section 6 of the Drugs Act, 1976, the storage and sale of drugs in the market is regulated by the Provincial Governments, therefore, DRAP has advised the Provincial Health Authorities to take action under the law against the companies who increase prices of drugs more than approved prices.

39. *Ms. Shahida Rehmani:

Will the Minister for National Health Services, Regulations and Coordination be pleased to state the steps, being taken by the Government to extend National Institute of Health, Islamabad?

Minister for National Health Services, Regulations and Coordination: The National Institute of Health, M/o NHSRC has taken Division wise following steps:

Field Epidemiology & Disease Surveillance Division:

- Establishment of an international standard all hazard Emergency Operation Centre (EOC).
- Establishment of an IT Hub to cater the public health surveillance data.
- Establishment of first ever Vector borne & Zoonotic lab at NIH with state of the art diagnostic and vector identification facilities.
- Establishment of well-equipped Disease Surveillance and Response Units (DSRUs) in all provinces including AJK, G-B, FATA and Karachi. Trained workforce along with Field Epidemiology and Laboratory Training program (FELTP) trainees are available to conduct outbreak investigations, respond and collect surveillance data.
- NIH has been notified as “**One Health Hub**” and developed working relation with M/o Climate Change and Pakistan Agriculture Research council (PARC) to strengthen timely response to environmental and zoonotic threats.
- NIH with assistance of CDC USA is establishing Provincial Public Health Reference Labs in all provinces.
- NIH as focal point for IHR is strengthening the core capacities for the implementation of IHR 2005.
- NIH with technical support of Public- Health England (PHE) is also establishing Integrated Diseases Surveillance and Response System (IDSR).
- NIH as IPC focal point is working for Infection Prevention & control.
- For quality assurance, NIH is working on ISO Certifications and High Reliability Organization (HRO).

- NIH has also installed Laboratory Information Management System in NIH labs.
- NIH has strengthened its communication section by launching its new website and activated its social media platforms i.e. LinkedIn, Facebook & Twitter

Biological Production Division:

- A mega PSDP project with the cost of Rs. 751 M under final phase of completion. It will be functional this year which will boost the production of Anti Snake Venom Serum, Anti Rabies Serum. Two more antisera products such as Anti Tetanus Toxide & Anti Diphtheria will be included in production line in future to fulfill the country's requirements.
- Up-Gradation of Supply and Filling Line to Improve the Vaccine Supply and Filling System to achieve cGMP Standards" which will upgrade the facility to meet the cGMP standards and not only improve the quality but also the capacity of production as high speed filling & other machines.
- Expression of Interest (EOI) for public private partnership/joint venture with some international vaccine manufacture is also in the pipe line to enhance vaccine production in the country and self reliance.

Drug Control & Traditional Medicine Division:

- Upgradation of drug testing facilities in Drugs Control & Traditional Medicines Division, National Institute of Health, Islamabad through a PSDP project in the upcoming fiscal year of worth Rs. 659.439 Millions.
- A grant worth US \$700,000 has been processed through Global Fund (GFATM) for acquiring latest analytical equipment.

Public Health Laboratories Division:

- Installation of state-of-the-art equipment for enhancing diagnostic and research capacity such as MALDI-TOF, Electron Microscope, Gene Sequencer, Liquid Nitrogen Plant.

- Installation of Laboratory Information Management System to improve the quality of lab reporting.
- Establishment of Provincial Public Health Laboratories in Punjab, Sindh, KPK and Balochistan.
- Completion of biosafety enhancement of Virology Department.
- AMR awareness/ stewardship sessions ongoing at provincial headquarters.
- Provision of response and coordination in terms of detection/ lab investigation for epidemics / alerts reported across Pakistan.
- Implementation of Lab-based Surveillance Programmes on influenza, polio, measles, rotavirus, acute viral hepatitis and bacterial meningitis involving field monitoring, sample collection, referral, routine and advance laboratory investigation and reporting mechanisms.
- Providing facilities for practical training, orientation and research to health care professionals on different aspects of laboratory medicine.
- Provision of diagnostic and research facilities on highly pathogenic risk-group 3 pathogens of public health importance through first ever Biosafety Level-3 Diagnostic Laboratory of Pakistan.
- Serving as Focal Point for Anti-microbial Resistance (AMR) and has also led in the development of National Action Plan for AMR Containment in Pakistan.
- Serving as Focal Point for Anti-microbial Resistance (AMR) and has also led in the development of National Action Plan for AMR Containment in Pakistan.
- Developed strategic framework on Health Laboratories, Biosafety/ Biosecurity, and AMR.
- Serving as Focal Point for Biosafety/ Biosecurity and WHO Global Antimicrobial Resistance Surveillance System (GLASS) and has been enrolled in WHO GLASS for early implementation.

- 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.*
- Progress on 5 years IHR GHSA Roadmap developed for GHSA/ IHR implementation in Pakistan under the auspices of M/o NHR&C is continuing.

Nutrition Division: Detection facility for:

- Facility for the detection of Mycotoxins/ Aflatoxins has been developed.
- Facility for the detection of Micronutrients in the food samples has been developed
- Facility for the detection of heavy metals like, Arsenic, Lead, Mercury in the food and water samples has developed.
- A PC-1 is submitted to strengthen the complete analysis of food and water samples titled “Establishment of Total Diet Study Lab” in the Nutrition Division of NIH.

Veterinary & Farm Management Sub-Division (V&FMS):

- Up-Gradation of Laboratory Animal Facility at NIH, Islamabad
- Up-Gradation of Stable at NIH, Islamabad College of Medical Laboratory Technology:
- The college is, integral part of National Institute of Health, offering services in the field of Medical Laboratory Technology. It has been producing Laboratory Technicians and Medical Technologists since long and so playing a vital role in National Health Delivery system through human recourse development.
- Presently fifty Laboratory Technicians & Thirty Medical Technologists are passed out from college on yearly basis who offer services in different fields of Medical Technology within the country as well as abroad.

- So far as extension of the college is concerned we are looking forward to increase the number of seats in both F.Sc. MLT & BS (lions) MLT programs, to commence these programs in evening shift and moreover to advance towards higher degree program *i.e.* M. Phil in Medical Laboratory Technology.

General:

- Uplifting of infrastructure.
- ISO Certification.
- Recruitment of Manpower on merit.
- Training of employees.
- Six PC-Is and PC-IIs approved.
- Seven PC-I under process.
- Establishment of Day Care Centre.

40. ***Mr. Abdul Qadir Patel:**

Will the Minister for National Health Services, Regulations and Coordination be pleased to state:

- (a) *the estimated visiting patients in OPD and Emergency, on day to day basis, of Cardiac Centre, PIMS, Islamabad;*
- (b) *human resource, medical facilities and infrastructure details, available at Cardiac Centre, PIMS, Islamabad;*
- (c) *whether it is a fact that the available/existing human resources, medical facilities and infrastructure are insufficient to meet patients' burden;*
- (d) *if so, what steps, the Ministry is taking to enhance/improve human resources, medical facilities and infrastructure of the Cardiac Centre?*

Minister for National Health Services, Regulations and Coordination: (a) Around 350 to 400 patients are visiting in OPD and more than 100 in Emergency on daily basis.

(b) Human Resource Detail of Cardiac Centre is as under:-

Category	Sanctioned Posts	Working	Vacant
Doctors	68	19	49
Nurses	48	03	45
Paramedics	10	07	03
Supporting Staff	83	25	58
Total	209	54	155

The staff of all the categories from other components of PIMS has been deputed for smooth running of Cardiac Centre.

All cardiac facilities are being provided in Cardiac Centre, detail of medical facilities is as under:-

- (1) ECG
- (2) ETT
- (3) ECG Echo / Stress Echo / Trans esophageal Echo
- (4) Holter Monitoring -
- (5) Ambulatory blood pressure Monitoring (BPM)
- (6) Nuclear Cardiology
 - Stress Imaging
 - Thallium Scan
 - Viability Scan
- (7) Tilt Table Testing
- (8) Pace Maker Programming

Invasive:

- (1) Coronary and Peripheral Angiography
- (2) Coronary and Peripheral Interventions (PCI)
- (3) IVC filter implantation
- (4) Temporary and Permanent Pace Maker (Single and Dual Chambers)
- (5) Cardiac Electrophysiology

- Electrophysiological Studies
- ICD
- CRT
- CRTD

(6) Bed side percutaneous procedures

- Insertion of CVP lines
- TPM Insertion
- Pleural Tap
- Pericaudionesis

- All Indoor medical facilities are free.
- Dedicated pharmacy for the Cardiac patients.
- Dispensing cardiac drugs to all patients on monthly basis.
- Free stents and other disposable items used in Angiography / stenting for poor, self entitled patients are available.
- Treatment facilities are being provided to the patient with staff posted from different components of the hospital.

(c) Yes.

(d) PC-I for Establishment of Cardiac Centre Extension Block at PIMS, Islamabad has been submitted to the Ministry of Planning Commission.

41. ***Mr. Saad Waseem:**

Will the Minister for Housing and Works be pleased to state:

- (a) *the membership drives, launched by the Federal Government Employees Housing Foundation (FGEHF) in the recent past;*
- (b) *whether it is a fact that a number of such drives were launched without the availability of land and comprehensive planning for acquiring land, required to execute such housing schemes;*
- (c) *if so, the justification thereof, particularly with reference to starting such drives without the planning for acquiring land;*

- (d) *if the answer to part (b) above is in negative, the details of proposed land, against each of above drives/schemes alongwith present status of negotiation with the land owners/providers; and*
- (e) *what steps are being taken to rationalize the start of each drive to ensure timely completion of housing schemes?*

Minister for Housing and Works (Chaudhary Tariq Bashir Cheema): (a) Recently, the FGE Housing Foundation has started the Membership Drive Phase-II (as one pocket) on 01-07-2019 till 30-06-2020 as per decision of 160th meeting of EC held on 27-06- 2019 on the request of large number of Federal Government employees and other specified groups. However, the seniority of the already registered members will remain intact.

(b) The mandate of the FGE Housing Foundation is to provide shelter to the shelter less Federal Government Employees and other Specified Groups on “No Profit No Loss basis”. Their Housing Foundation is a self-financing organization. It has to generate funds from its members before announcement of housing schemes. The amount, so far, collected is utilized for partial payment of raw land. On receipt of installments, the balance amount of land is to be paid for provision of land.

(c) This concept “having no planning to acquire land” is not correct. Planning is the utmost aspect in any project. All the policy decisions e.g. launch of membership drive etc. are taken by the Executive Committee (which is chaired by CEO/Secretary M/o Housing & Works.) of FGEHF after necessary deliberation and working.

(d) Nil.

(e) 1. Housing Foundation has floated no. of expression of interest under joint venture policy duly approved by the Federal Cabinet to engage private land owners and firms for provision of land for launching of housing schemes to accommodate its members, whereby, verification of land, access, Technical feasibility etc. are ensured as per features of the policy.

2. Acquisition of Government Land in collaboration with provincial as well as Federal Govt.

42. ***Mr. Muhammad Afzal Khokhar:**

Will the Minister for National Health Services, Regulations and Coordination be pleased to state:

- (a) *whether it is a fact that Sheikh Akhtar Hussain Ex-DG, DRAP was holding a fake degree not recognized by HEC;*
- (b) *whether it is also a fact that cases against Sheikh Akhtar Hussain were closed by NAB because a fake death certificate was presented to NAB;*
- (c) *if so, as to why Sheikh Akhtar Hussain, even after submitting fake death certificate to NAB to get proceedings against him stopped, was employed in DRAP?*

Reply not received.

43. ***Ms. Mehnaz Akber Aziz:**

Will the Minister for National Health Services, Regulations and Coordination be pleased to state:

- (a) *whether the Protection of Breast-Feeding and Child Nutrition Ordinance 2002 and its 2009 rules have been poorly implemented;*
- (b) *what steps, have been taken by the Government to ensure effective implementation of the law;*
- (c) *how many meetings of the National Infant Feeding Board have been conducted to monitor the implementation of the provisions of the law;*
- (d) *what steps, have been taken to create widespread awareness about the Protection of Breast-Feeding and Child Nutrition Ordinance 2002 and the National Infant Feeding Board; and*
- (e) *how many complaints have been lodged against them so far?*

Minister for National Health Services, Regulations and Coordination: (a) Federal Government is cognizant of the situation of malnutrition in the country especially among women and children less than 5 years of age, as revealed by National Nutrition Survey 2018 (NNS-2018).

Soon after the formulation of Breast Feeding Rules in It 2009 and before its implementing and enforcement mechanism could be finalized, Ministry of Health was devolved under the 18th Amendment in the Constitution, giving provinces the mandate to implement all laws and programs. Provinces started working on their own Breast Feeding Promotion Laws which were approved during 2012 to 2016 and their rules were formulated between 2015 to 2018. But even these laws could not be implemented in letter and spirit due to lack of clarity on the roles and responsibilities of Departments of Health and the newly formed provincial food authorities, and some variation in the laws at national and Provincial level.

(b) World Health Assembly (WHA) in 2016 approved a change in these laws by increasing the age limit for BMS from 12 months to 36 months and bringing all the formulas and products to be used till 36 months under the Law. Based on these recommendation, Pakistan also started work on the modification/ revision of its Law on Promotion and Protection of Breast Feeding at the National and Provincial Level, so that all the laws have same provisions and there is harmony. This revision is in final stages and once done, would be submitted in the respective assemblies for approval.

(c) After the re-notification of Infant Feeding Board in 2013 in the new Ministry of National Health Services Regulations and Coordination, only two meetings of National Infant Feeding Board were held and the last in 2016. Meetings of provincial Infant Feeding Boards/ Committees also only convened a couple of times in some provinces due to lack of implementation and enforcement of the Laws.

(d) There has been no campaign at the National level by the government. However short campaigns for creating awareness about importance of Breast Feeding were carried out by some provinces and with the support of partners.

(e) Due to lack of poor implementation and enforcement of Laws, no reporting mechanism was established at any level, so no complaints received at any level that is in the record.

After Devolution the Federal Ministry is responsible for policy formulation, providing guidance and technical assistance to the provinces, formulation of legislation and standards and coordination between the provinces. The implementation of the programs in the provinces. Based on this role, Nutrition

Wing of Ministry of NHSR&C started revision of National Law on promotion and protection of Breast Feeding last year with the consultation of the provinces so that the provincial laws could also be reviewed accordingly and there are no differences in these laws. The final draft has been shared with the provinces for their inputs and feedback which once received would lead to finalization of the law and subsequent processing for approval by the respective assemblies.

44. ***Sheikh Fayyaz Ud Din:**

Will the Minister for National Health Services, Regulations and Coordination be pleased to state:

- (a) *the number of children who die, every year, due to diarrhea caused by drinking polluted water; and*
- (b) *the steps being taken by the Government to control the same and create its awareness among masses?*

Reply not received.

45. ***Ms. Munawara Bibi Baloch:**

Will the Minister for National Health Services, Regulations and Coordination be pleased to state the number of psychologist and psychiatrics registered with the Pakistan Medical and Dental Council (PMDC) during the last three years with year-wise break-up indicating also the number of foreign qualified?

Minister for National Health Services, Regulations and Coordination: There is no Psychologists has been registered with PM&DC for the last three years, however, the detail of Psychiatrists registered with PM&DC are as under:

S#	YEAR	LOCAL QUALIFIED	FOREIGN QUALIFIED	TOTAL
1	2016	45	03	48
2	2017	50	04	54
3	2018	43	03	46
4	2019	35	07	42

46. ***Mr. Muhammad Moeen Wattoo:**

Will the Minister for Industries and Production be pleased to state:

- (a) whether it is a fact that the vehicles, produced in Pakistan, are not compliant with the full set of seven most important regulations for car safety;*
- (b) whether there is any proposal to introduce driver alertness detection, automatic breaking infrared night vision systems, adaptive headlamps control, reverse backup sensors, backup camera, lane departure warning systems, tire pressure monitoring systems or deflation detection systems, traction control systems, electronic stability control, anti-lock braking systems, electronic brake force distribution systems, emergency brake assist systems, cornering brake control systems, assured clean distance ahead measurement and speed governance systems, precrash system, automated parking system, and obstacle detection sensor systems;*
- (c) if the answers to parts a to b above are in affirmative, the details; if not, the reasons thereof?*

Minister for Industries and Production: (a) Yes, it is a fact that currently some of the vehicles, produced in Pakistan, are not compliant with important regulations of car safety;

(b) The installation of features *i.e.* driver alertness detection, automobile breaking infrared night vision systems, adaptive headlamps control, reverse backup sensors, backup camera, lane departure warning systems, tire pressure monitoring systems or deflation detection systems, traction control systems, electronic stability control, anti-lock breaking systems, electronic brake force distribution systems, emergency break assist systems, cornering break control systems, assured clean distance ahead measurement and speed governance systems, precrash system, automated parking system, and obstacle detection sensor system; are decided by respective companies/manufacturers. However, adoption of WP-29 regulations has been envisaged in ADP 2016-21 and a summary has been approved by Cabinet for adoption regulations which include few of aforesaid features to the extent of safety. The case of signing accession document is with Ministry of Foreign Affairs;

(c) Safety regulations shortlisted for adoption under WP-29 forum are at **Annex-A**.

Annex-A

	Description	UN Regulations (UN Rs)	Vehicle Category
Active Safety	Brakes	R 13 & R 13H	Passenger Cars and Vans + Commercial Vehicles and Buses
	Steering	R 79	Passenger Cars and Vans + Commercial Vehicles and Buses
	Tyres	R 30	Passenger Cars and Vans
	Lighting	R 48	Passenger Cars and Vans + Commercial Vehicles and Buses
Passive Safety	Safety Belts Anchorages & Safety Belts	R 14 & R 16	Passenger Cars and Vans + Commercial Vehicles and Buses
	Seats / Head Restraints	R 17 & R 25	Passenger Cars and Vans
	Collision	R 94, R 95 & R 135	Passenger Cars and Vans
General Safety	Safety Glazing	R 43	Passenger Cars and Vans
	Mirrors & Cameras	R 46	Passenger Cars and Vans + Commercial Vehicles and Buses
	Anti-theft	R 18	Passenger Cars and Vans + Commercial Vehicles and Buses

ISLAMABAD:
The 1st August, 2019

TAHIR HUSSAIN,
Secretary.

NATIONAL ASSEMBLY SECRETARIAT

“UNSTARRED QUESTIONS AND THEIR REPLIES”

For Friday, the 2nd August, 2019

7. **Ms. Shams Un Nisa:**
(Deferred during 8th Session)

Will the Minister for Water Resources be pleased to state whether the Government has any plan for recharging water aquifers for groundwater management and to develop the economical and sustainable technology for aquifer recharging to cope with water crises?

Reply not received.

56. **Mr. Saleh Muhammad:**
(Deferred during 9th Session)

Will the Minister for National Health Services, Regulations and Coordination be pleased to state:

- (a) the names and domiciles of employees working in the Ministry and in its subordinate offices;*
- (b) the provincial quota-wise number of employees recruited in the said Ministry; and*
- (c) the number of posts lying vacant in the said Ministry and the time by which such vacant posts will be filled?*

Minister for National Health Services, Regulations and Coordination: (a) The detail of the names and domiciles of employees working in the main M/o NHS,R&C is at **Annex-A**.

(b) The detail of posts provincial quota-wise number of employees recruited in the main M/o NHS,R&C is at **Annex-B**.

(c) The detail of posts lying vacant in the main M/o NHS,R&C is at **Annex-C**. The process of recruitment of said posts will be completed soon.

(Annexures have been placed in the National Assembly Library)

101. **Ms. Nusrat Wahid:**
(Deferred during 9th Session)

Will the Minister for Religious Affairs and Inter-faith Harmony be pleased to state the steps being taken by the Government to prevent publications of provocative sectarian literature in the country?

Reply not received.

8. **Ms. Maiza Hameed:**

Will the Minister for National Health Services, Regulations and Coordination be pleased to state how many AIDS cases were identified in the Punjab in the last year?

Minister for National Health Services, Regulations and Coordination: Total 4,448 AIDS cases were identified in the Punjab in the last year (January 2018 to December 2018)

9. **Ms. Maiza Hameed:**

Will the Minister for Railways be pleased to state the total number of Railways accidents in the last one year?

Minister for Railways (Sheikh Rashid Ahmed): There are 74 number of accident cases from August-2018 to June-2019 details are given as under:

S. No.	Classification of accidents	2018-19
1.	Collision of passenger trains	--
2.	Collision of passengers trains with goods trains	1
3.	Collision of goods trains	1
4.	Derailment of passenger trains	19
5.	Derailment of goods trains	20
6.	Collision at manned level crossing	3
7.	Collision of unmanned level crossing	20
8.	Collision of unauthorized location	5
9.	Fire in trains	3
10.	Averted collisions	1
11.	Others	1
Total		74

10. **Ch. Muhammad Hamid Hameed:**

Will the Minister for Housing and Works be pleased to state:

- (a) *the total number of applications submitted by the residents of Category-II, Street No. 49, Sector G-10/3, Islamabad during the last three years till date for repairing and maintenance of their house to the Secretary Housing and Works and DG, PWD, Islamabad alongwith the date wise details thereof; and*
- (b) *whether no civil and electricity work was done despite repeated requests during the said period;*
- (c) *the steps, taken by the Ministry to resolve the issues of said residents?*

Minister for Housing and Works (Chaudhary Tariq Bashir Cheema): (a) Total 08 number of applications were received from the residents of houses Category-II, Street No. 49, G-10/3, Islamabad, during the last three years detail is as below:

Sr.:#	House No.	Date
1.	House No. 2 Cat- II, G-10/3, Isd	01-02-18
2.	House No. 3 Cat- II, G-10/3, Isd	01-01-18
3.	House No. 6 Cat- H, G-10/3, Isd	25-01-18
4.	House No. 5 Cat- II, G-10/3, Isd	01-10-18
5.	House No. 8 Cat- II, G-10/3, Isd	01-08-16
6.	House No. 9 Cat- II, G-10/3, Isd	22-03-16
7.	House No.10 Cat- II, G-10/3, Isd	25-03-16
8.	House No. 11 Cat- II, G-10/3, Isd	20-02-19

(b) 07 number complaints regarding repair and maintenance work have been attended.

Note:

- (i) As far as House No. 8 is concerned, some repair work was carried out but due to shortage of funds, an estimate amounting to Rs. 580,000/- has been submitted for arrangement of funds.
- (ii) The complaint regarding repair of House No. 5, Category-II, G-10/3 received in October, 2018 could not be attended due to shortage of funds.

(c) A supplementary grant for clearance of matured liabilities of the contractors since 2015 was approved on 27-06-2019 by Ministry of Housing & Works.

- Further all pending complaints will be attended very soon after receipt of maintenance funds.

11. **Ch. Muhammad Hamid Hameed:**

Will the Minister for Housing and Works be pleased to state:

- (a) *whether it is a fact that consent letters have not been issued by the FGEHF to its Members of the Constitutional Bodies under*

Membership Drive Phase-II (4th Part); if so, the details and justification thereof; and

- (b) *the time by which consent letter will be issued to the said Members?*

Minister for Housing and Works (Chaudhary Tariq Bashir Cheema): (a) The FGE Housing Foundation has not issued consent letters to any of the member who registered under Membership Drive Phase-II (4th part). Their seniority shall be considered at the bottom of already registered members of Membership Drive, Phase-II as a new group as advertised in newspapers.

(b) All member who registered under Membership Drive Phase-II (4th part) will be considered for allotment in future schemes of Housing Foundation as per above said criteria on their turn.

The future scheme involves housing scheme & apartment project have been identified in various model; *i.e.* government Land, JV and provincial govt. The project will be launched by November, 2019 tentatively; accordingly consent letters will be issued later on.

12. **Dr. Samina Matloob:**

Will the Minister for Industries and Production be pleased to state:

- (a) *how much subsidy has been given to Sugar Mills in South Punjab; and*
- (b) *what are the names of those sugar mills and the amount of subsidy given to them individually?*

Reply not received.

13. **Begum Tahira Bukhari:**

Will the Minister for National Health Service, Regulations and Coordination be pleased to state the steps being taken by the Government to control Polio?

Minister for National Health Services, Regulations and Coordination: The Government of Pakistan is fully committed to eradicate Polio from the country. Following measures are being taken;

- The Government is making all efforts to completely wipe out this crippling disease from the country. A **National Emergency Action Plan (NEAP) for Polio Eradication is being implemented** under the direct oversight of the National Task Force headed by the Prime Minister of Pakistan. The NEAP includes all key strategies and activities of the programme including operations, communications, oversight mechanisms, surveillance and schedule of Supplementary Immunization Activities, etc
- The **top country leadership is providing personal leadership and oversight to the polio eradication activities.** The Chief Ministers and Health Ministers chair regular meetings to monitor progress and also inaugurate the door to door Polio campaigns alongside frontline workers in the field, to motivate them.
- The **Programme has conducted thorough field investigations and assessments in areas**, with ongoing Poliovirus transmission to identify the key issues that led this transmission of polio. The **key issues that were identified** during the process were increase in the number of refusals to Polio vaccination, persistently missed children in high risk areas, low risk perception for Polio within the community, high population mobility within country and from across the borders, weak routine immunization coverage, propaganda against polio programme on social media, and specially challenges associated with the provision of safe drinking water & sanitation.
- All of the aforementioned **issues are being addressed by the programme** through vigilant oversight by the strong network of Emergency Operations Centers and through coordination with relevant sectors / departments. The Polio Program has also updated and fine-tuned the National Emergency Action Plan for the next six months (Jul- Dec 2019) in line with the current poliovirus epidemiology and challenges. As per NEAP, following would be **the key priorities of the programme for the upcoming weeks / months** all across the country:

- o **Taking the Provincial, divisional and district leadership onboard** in all areas to ensure strong oversight and high-quality implementation of polio program activities at the ground level. Orientation session for the Commissioners and Deputy Commissioners on National Emergency Action Plan (NEAP) has been scheduled during the 1st week of August
- o The desired level of **participation of DHOs in the polio eradication activities** will be ensured
- o Special focus will be given to **communication activities** including:
 - Building trust of communities (especially those at highest-risk) in polio programme at all levels and addressing community resistance to polio vaccination,
 - Building caregiver and family knowledge, awareness and motivation in support of polio vaccination
 - Generating broader support for the polio programme and developing policies and actions in support of the polio programme through relevant sectors at all levels
 - Fostering social mobilization and community engagement through community/influencers' support and media outreach
 - An aggressive perception management campaign is also being launched to combat any misinformation on the polio vaccine.
 - Partnership with Pakistan Telecommunication Authority (PTA), Facebook, Youtube and Google has been made to block content against Polio and vaccine on their websites.
 - Special mass media strategy has been devised to enhance risk perception against Polio
 - Motivation and capacity building of frontline workers

- o **Nationwide campaigns will be conducted in November and December** while there will be **focused and quick response to any Polio cases / positive environmental samples**
- o **During July to October 2019, the focus will be on community engagement & social mobilization, addressing operational gaps, training of frontline polio workers, EPI and integrated service delivery activities** to ensure quality implementation of the Polio campaigns
- o National and Provincial experts from key areas including communication, campaign support, monitoring & evaluation, surveillance, RRU will be deployed in the high risk and critical districts during each campaign to **facilitate the teams on ground**
- o **Special focus will be laid on the microplanning process** to capture any potential missed children and High Risk and Mobile Populations. **All missed children will be tracked and vaccinated** through enhanced coordination between provinces and districts and UCs
- o **3rd party assessment of Polio campaigns** will be conducted at the UC level covering all high risk UCs to address any performance gaps
- o **Special district and UC specific actions plans** are being developed and implemented for the high risk and vulnerable areas in line with needs and requirements of these areas
- o **Close programmatic coordination with Afghanistan** will be ensured specially focusing on the shared reservoirs to optimally track & vaccinate High Risk and Mobile Populations (HRMP) moving between the two countries
- o The inter-provincial and inter-district vaccination transit points will be further strengthened to optimally vaccinate population on the move

- o **Efficient support of law enforcement agencies and security forces will be maintained** to ensure safe working environment for the frontline polio workers to enable them to reach all under five children.
- o **Synergy and coordination with EPI** will be strengthened to improve routine immunization service delivery in the country
- o **An integrated package of Health, WASH and Nutrition interventions** will be implemented in polio high-risk UCs in core reservoir areas
- o **Regular reviews of programme activities** will be conducted at all levels through regular meetings of Provincial & Divisional task Forces and District Polio Eradication Committees
- o Accountability and Performance Management (APM) Framework have been developed and being implemented to ensure highest levels of performance at all levels

All respected members of this august forum are requested to support polio eradication as a national cause within their constituencies, to get all eligible children vaccinated both in routine EPI as well as during the special door to door Polio campaigns across the country.

14. **Begum Tahira Bukhari:**

Will the Minister for National Health Services, Regulations and Coordination be pleased to state the steps being taken by the Government to control Hepatitis-C?

Reply not received.

15. **Mr. Junaid Akbar:**

Will the Minister for National Health Services, Regulations and Coordination be pleased to state:

- (a) *whether it is a fact that since its settlement, more than 15 years ago, the densely populated Sector G-11, Islamabad still lacks the facility of dispensary;*

- (b) *whether Government intends to establish a dispensary there in order to facilitate the general public?*

Minister for National Health Services, Regulations and Coordination: (a) Currently, there is no dispensary in the Sector G-11. Residents are cover through dispensary located in G-10/3 under the administrative control of FGPC.

(b) Yes Ministry of National Health Services, Regulations & Coordination (NHS&RC) intends to build new dispensaries to facilitate general public. To ensure efficient and effective health service delivery system for Islamabad through an integrated approach, health care system will be made a model health system. Accordingly, 'First ever' Health Strategy for ICT developed and approved along with National Action Plan in November 2018. Construction of new health infrastructure is an important component of the Islamabad model health system.

16. **Mr. Sher Akbar Khan:**

Will the Minister for Industries and Production be pleased to state:

- (a) *whether it is a fact that since the settlement of Sector G-11, Islamabad more than fifteen years ago, no Utility Store exists therein; and*
- (b) *whether it is also a fact that Government intends to set up a Utility Store there in order to facilitate the general public?*

Minister for Industries and Production: (a) Yes, Time to time different rental surveys have been carried out by the Regional Management, but feasible/sale oriented location has not been traced out in Sector G-11, Islamabad. Moreover, the rent in this area is also on the higher side. The feasibility reports have also been prepared in this regard. However, these reports convey that opening up USC outlet in said area is financially not viable.

(b) As for as the opening of USC outlet at Sector G-11, Islamabad, is concerned the regional management of USC Islamabad has deputed concerned Area Manager to conduct market survey afresh to trace out feasible location by conducting market rental survey. The store will be opened up in the said area subject to availability of commercially viable /easible location.

17. **Ms. Kishwer Zehra:**

Will the Minister for Railways be pleased to refer to a question replied on 11-02-2015 and to state:

- (a) whether it is a fact that 163.836 acres of Pakistan Railways were given, on lease, to Railways Employees Cooperative Housing Society Project No.15, Gulshan Yousaf Jumma Goth, Karachi in September, 1987 and an amount of Rs.3,964,813/- has been received in this regard; if so, the law under which aforesaid land was given on lease;*
- (b) whether it is also a fact that in reply to another question given in the National Assembly on 28th November, 2016, it was informed that the lease, given in September, 1987, was terminated in 1991 without assigning any reason; if so, the law under which this lease was terminated;*
- (c) whether the land allocated, for the aforesaid project, has been utilized for some other purpose;*
- (d) if answer is in the negative, as to why Pakistan Railways has rendered its retired and serving employees homeless and if the answer is in the affirmative, as to why the land has not been given to the aforesaid society at some other place as the amount has already been received under this head?*

Minister for Railways (Sheikh Rashid Ahmed): (a) Yes, it is a fact that Railway land measuring 163.836 Acres was leased out at (Jumma Goth, Project No. 15 Gulshan Yousaf), Karachi to Pakistan Railways Employees Cooperative Housing Society, Karachi and executed agreement in the year 1987, and an amount of Rs. 3,964,813/- was deposited by the Society in this respect.

Pakistan Railway leased out this land as per amended para No. 813-A of Pakistan Government Railway code of Engineering Department, which is reproduced below:

“Available plots of land not required for development works in the near future by the Railway may be leased out on quasi-permanent basis for purposes beneficial to the Railway staff welfare only

through organization such as staff Benevolent Fund Organization or Railway employees housing societies under the rules to be framed hereafter”.

(b) As far as the termination of the lease agreement is concerned, there is as such no record available of the question raised in National Assembly on 28 November, 2016, however the same was terminated on the directives of the Executives Committee of Railway board during its meeting held on 22-12-2006, (Annexure-A) which are as under:-

“The surplus land available at Jumma Goth and that leased out to Karachi Employees Cooperative Housing Society be retrieved and kept reserved and secured for erecting terminal facilities for Karachi area in the future”.

(c) The subject land is still vacant and in possession of Pakistan Railways and is reserved for establishing terminal facilities & operational use in future.

(d) A complete ban was imposed by Ministry of Railway *vide* letter No. W.II.99.LA/18 dated 09-12-1999 for leasing of Railway land to Railway Cooperative Housing Societies hence no land could be earmarked for housing purpose of the Railway Employees after 1999 (Annexure-B). Furthermore, complete ban was also imposed by the Federal Government on allotment of Government land for housing purpose *vide* Government of Pakistan Planning and Development Division letter No. 23(2)PIA/PC/2005 dated 16-08-2005 circulated under Ministry of Railways letter No. W-II/98-LA/8 (RHS) dated 03-09-2005 (Annexure-C). Supreme Court has also restricted to lease the land maximum up to 5 years.

(Annexures have been placed in the National Assembly Library)

ISLAMABAD:
The 1st August, 2019.

TAHIR HUSSAIN,
Secretary.