

THE MEDICAL GAZETTE

Health For All is a basic human right that needs to be protected at all costs by those who matter. Pakistan Medical Association is doing its bit in this regard and hopes that others will join hands sooner rather than later in this worthy cause.

PAKISTAN MEDICAL ASSOCIATION



MONTHLY Regd. No.SS-88 Vol.XXXVII No. 97-37 CONTROLLED CIRCULATION Rs. 20.00 May 5, 2023

PMA asks govt and pharma to share drug price impact

GAZETTE REPORT

REACTING to the recent government decision to allow an increase of up to 20 per cent in medicine retail prices, Pakistan Medical Association (PMA) Center Secretary-General Dr Abdul Ghafoor Shoro has asked the government to take due steps to ensure that medicines are available to the teeming masses across the country who are already putting up with an unprecedented inflation that is making life difficult for the common man.

In a statement issued by the PMA Center secretariat in Karachi, Dr Shoro acknowledged the need for price adjustment in order to keep the pharmaceutical industry functional in troubling times. However, no profit is worth its while if it comes at the cost of human lives and sufferings, he said. That being so, the government and the pharmaceutical industry should together take steps to make all medicines available at government-run hospitals, including basic health units in rural areas and tertiary care centers in urban areas across the country.

This will make sure that the impact of price escalation is shared by the government and the pharmaceutical industry while making healthcare available for the masses, he said.

Meanwhile, the price-hike decision came at the federal cabinet's Economic Coordination Committee (ECC) after months of uncertainty in the wake of the demands put forward by drug importers and manufacturers whose associations were demanding an across-the-board 39 percent rise, warning that the industry could otherwise collapse.

The finance ministry said medicine prices could be reviewed again after three months if the rupee appreciated, adding that

"no increase under this category" would be granted in the next financial year.

The PMA statement took a critical view of the resentment voiced by the Pakistan Pharmaceutical Manufacturing Association which found the increase way lower than it had expected.

Inflation clocked in at 35pc in March, fueled by a depreciating currency, a rollback in subsidies and the imposition of higher tariffs to secure a bailout package of \$1.1 billion from the International Monetary Fund (IMF).

Food inflation has risen to more than 47pc and even the wealthier professional class is making lifestyle changes to deal with rising prices.

The simmering price dispute between the pharmaceutical industry and the health ministry had resulted in an acute shortage of critical medicines, forcing patients to rely on smuggled and potentially counterfeit drugs at increased costs.

The government's rejection of the demand to increase drug prices had propelled pharmaceutical companies to either stop or go into a limited-scale production of scores of essential and non-essential medicines.

The PMA statement noted with concern that more than a simple regulatory matter, drug pricing in Pakistan had become a political issue. Hence, governments often, if not always, postpone or reject any demand from drug manufacturers to raise the rates of their products for fear of a public backlash. The industry, the PMA statement said, should appreciate that the coalition government approved an increase of up to 20pc in the retail prices of non-essential medicines while capping the rise for essential drugs at 14pc.

Even though the increase in retail drug prices fell short of the industry's demand for

an across-the-board price adjustment of 39pc to offset the impact of price inflation, currency devaluation, increased energy rates and the global commodity boom on input costs over the last about a year.

The troubles of the industry had also increased after the central bank imposed restrictions on the import of luxury items, pharmaceutical raw material included, several months ago. Opening a letter of credit for importing active pharmaceutical ingredients was a nightmare for the industry as their stocks kept shrinking.

Nevertheless, the current decision will hopefully help save pharmaceutical firms from total collapse and bankruptcy, as well as prove an incentive for resuming full production to end shortages in the country. In fact, the current increase is a win-win situation for all stakeholders — the government, the industry and the public, considering the highly inflationary environment.

The situation that crops up every now and then demands that the authorities take steps to overcome drug shortages and to ensure an uninterrupted supply of medicines and medical supplies in the future.

For longer-term market stability, it is imperative that the role of DRAP be redefined and the focus of the regulator shift from controlling drug pricing to properly regulating the industry and market in order to ensure improvement in product quality and fair competition among the manufacturers, the PMA statement concluded.

At a press conference PMA Center Secretary-General Dr Abdul Ghafoor Shoro said that within the Pakistani healthcare system, drug pricing happened to be the beast

that could never be tamed. An increase in drug prices is speculated at least twice a year, if not more, usually on account of a 'shortage' of certain medicines in the market, he said while recalling the historical backdrop in which the current crisis needed to be seen.

For example, recently there was a shortage of paracetamol, one of the most common over-the-counter painkillers. Other than the actual dispute over the increase in the drug price as demanded by the pharma industry, market speculation about the

shortage and the consequent stockpiling of the medicine affected healthcare for millions in the country. People were unable to find paracetamol at local pharmacies, which was being sold for steep profits in the black.

In a bid to control situations like these, a drug pricing policy was introduced by DRAP in 2015 and later revised in 2018. Under the policy, a maximum retail price was fixed for each medical product in the market by assessing the cost of production of the same drug in other regional

countries, using the referencing method to compare the prices of drugs with similar dosage and formulas in India and Bangladesh.

In 2015, when the policy was introduced, drug prices and any impending increase were linked to the consumer price index. However, in 2018, DRAP gave pharmaceutical companies carte blanche to increase drug prices by 7-10pc every year without government approval.

Despite these policies, drug pricing continued to

Continued on Page 7

Removes 10/10
common disease causing germs*
For Your Champion

P&G
WORLDWIDE PARTNER

New Look

Safeguard 10/10 Protection.
Most childhood diseases are caused by just 10 common germs. Frequent handwashing with Safeguard Total 10 protects your family from 10 common germs. That's because clinical studies prove that Safeguard removes 10 common disease causing germs by up to 99% at all places and all times.
So keep your loved ones in safe hands, with **Safeguard Total 10 Protection!**

Can drugs fix the obesity crisis among adolescents?

A powerful new weight-loss medication may be approved for those aged 12-17 years, but healthcare professionals fear that the approach ignores the underlying socioeconomic causes

LIKE many general physicians (GPs) around the United Kingdom, Semiya Aziz has grown accustomed to seeing children as young as four or five who are obese. Knowing how best to address this delicate and complex issue with parents, given the time constraints of a 10-minute consultation, is a challenge for GPs, who are increasingly shouldering the burden of the UK's burgeoning child obesity crisis.

"It is very difficult to actually say, 'Look, your child is overweight and needs to go on a program'," says Aziz, whose practice is in Palmers Green, north London. "There is a big taboo with discussing it, as parents do not want to upset their children. And GPs do not have time in a short consultation to get those educational measures about healthy lifestyles across and delve into the child's habits."

Yet the numbers of overweight and obese children are continuing to rise. The latest data collected as part of the National Child Measurement Program has found that more than 10 percent of four- to five-year-olds are now obese. For 10- to 11-year-olds, the figure is 23.4pc.

GPs are seeing teenagers with high blood pressure, elevated cholesterol and type 2 diabetes — conditions more commonly associated with late middle age. Aziz is not alone in feeling concerned about the consequences for public health and society in general.

"It is a huge problem and we are not addressing it," she says. "It is like a tsunami waiting to hit the UK in the coming years, because these medical problems are hitting a younger population. You have also got mental health problems because children are growing up being teased about being overweight."

Many healthcare systems are now turning to the pharmaceutical industry for answers — in particular, the drug semaglutide, sold under brand names such as Wegovy for weight-loss and Ozempic for type 2 diabetes. In December 2022, the US Food and Drug Administration (FDA) approved certain doses of the drug for over-12s, and in January, the American Academy of Pediatrics (AAP) updated its clinical obesity practice guidelines to include medication alongside lifestyle changes such as a low-calorie diet and exercise. The European Medicines Agency's human medicines committee also approved semaglutide recently for use in adolescents aged 12 and over.

It is already clear that such a drug can help obese children lose weight. Last year, the results from a clinical trial called Step Teens,

conducted by Novo Nordisk — the Danish pharmaceutical company that manufactures semaglutide — found that 12- to 18-year olds with obesity reduced their body mass index (BMI) by 16pc after taking the drug for around 15 months.

US experts in child obesity point to the need for new solutions, with the latest data, collected between 2017 and 2020, suggesting that nearly 20pc of all adolescents are obese.

"I think medications have to be part of the armamentarium of options for adolescents," says Sarah Barlow, professor of pediatrics at the University of Texas Southwestern Medical Center in Dallas, and a co-author of the new AAP guidelines.

"The more severe the obesity, the less likely that eating and activity changes alone are going to give a marked health benefit. If these lifestyle changes were wildly effective, we would not be talking about steps like medication."

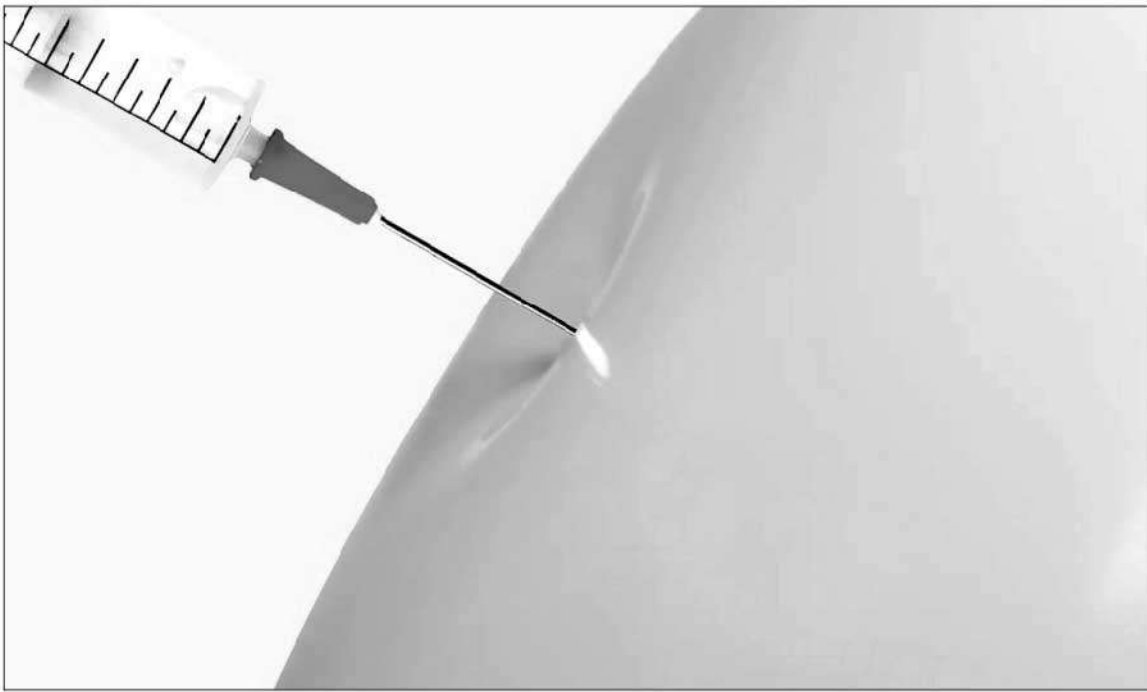
But specialists are concerned that such measures will lead to us becoming reliant on medications to tackle adolescent obesity, rather than government policymakers addressing the underlying causes. The UK is being more cautious, and while medical watchdog Nice had launched an appraisal into semaglutide for 12- to 17-year-olds, it was suspended after Novo Nordisk declined to supply the necessary evidence required to continue.

Aziz says that while she can see a use for medication in extreme, complex cases, where a patient might otherwise be offered bariatric surgery, there are questions about whether the NHS budget might be better spent on food and lifestyle education campaigns, as well as further obesity care programs within schools and communities.

"It is a slippery slope," she says. "There are lots of positives about semaglutide, but I cannot see that it would be something I will be advocating. There is a huge need for community groups, and discussions around schools about food and diet."

Safety fears

There is also the issue of potential side-effects. While semaglutide has made headlines, it is not the first obesity medication to have been considered for children. In the UK, a drug called orlistat — which works by blocking enzymes in your gut that digest fat — is licensed to help adolescents lose weight, but it is rarely prescribed by doctors because of the relatively modest benefits and the issues that can come with taking it, such as flatulence and rectal discharge.



Likewise, the FDA approved in 2022 a drug branded as Qsymia, a combination of two existing medications, phentermine and topiramate, for over-12s with obesity. This also suppresses appetite but can have significant side-effects, from depression to joint pain to abnormalities in fetuses.

"The topiramate can lead to sleepiness, maybe a little bit of cognitive impact," says Barlow. "Plus, you have to be really careful with female patients of childbearing age."

The possible side-effects of semaglutide include nausea, fatigue, heartburn and, in some rare cases, a painful condition called acute pancreatitis.

Prof Keith Godfrey, the nutrition lead at the NIHR Southampton Biomedical Research Center, says that while he can see a use for the drug in severe cases, he is concerned about the unknown impact on the many critical developmental processes that occur during adolescence.

"These treatments are an advance, but the long-term safety is untested, certainly in adolescence," he says. "You cannot directly extrapolate from the data on adults, because there are special things about adolescents in terms of the body changes associated with puberty."

Godfrey describes the children who might receive semaglutide as being merely "the tip of the iceberg" of the child obesity crisis. He feels that policymakers need to focus much more on addressing the origins of child obesity, many of which begin long before birth.

Godfrey says there is a growing amount of research suggesting that children born to an obese mother, and perhaps even an obese father, are far more predisposed to becoming obese themselves because of various molecular switches that have been turned on during their development in the womb.

"If you do detailed studies

using MRI, you can see that babies born to obese mothers already have high levels of fats in their abdomen," he says. "These babies develop into overweight children and continue to be overweight adolescents unless they follow a high-quality diet or work hard at being physically active."

There is also evidence that other lifestyle factors, such as malnutrition during pregnancy, and even smoking before pregnancy, can predispose an infant to becoming obese.

Godfrey is now working with parliamentarian Siobhain McDonagh and the charity Children's Alliance to try to get policymakers to incorporate new guidelines for pre-pregnancy care into their political manifestos ahead of the next election. Earlier this year they tabled a motion before parliament which has so far been supported by a few MPs.

"The problem is, if you try to tackle some of these things in pregnancy, or after birth, it is too late," says Godfrey. "To address child obesity, we need more education and support for mothers to get themselves in better shape for pregnancy, and also inter-conception care between pregnancies."

Without better care, such as programs dedicated to assisting mothers in leading a healthy lifestyle while they are looking after a newborn baby, Godfrey fears that the child obesity crisis will only continue.

"The harsh reality is that a mother's level of physical activity and her diet get acutely worse when her priority becomes looking after her baby," he says. "The system is not set up for enabling mums to lose the weight they put on during pregnancy, so they enter the second pregnancy in a worse physical condition, which makes those children more likely to be predisposed to obesity."

Hoping for the best

Novo Nordisk has received

criticism for its extensive PR campaign to progress its semaglutide injections for adults, which involved paying more than £21.7 million to health organizations and professionals over the course of three years. The company has since been suspended by the pharmaceutical trade body and lost its partnership with the Royal College of Physicians after a row over its sponsorship of weight-loss courses that promoted its medicines.

The impartiality of the recently suspended Nice appraisal of semaglutide for adolescents had been questioned after data collected by The Observer found that seven of the 26 organizations involved in helping Nice come to a decision had received payments from the company.

Two UK children's hospitals which advocated that Nice should consider making obesity medications available to children on the NHS were also found to have received funding from Novo Nordisk. The company has previously stated: "The insinuation that Novo Nordisk has deliberately acted outside of ethical or legal standards and proper processes is unfounded and misleading."

There is no suggestion the payments broke any rules, while the recipients of the funding say that it did not influence their decision-making. A Nice spokesperson said that members of the independent committee that helps Nice make decisions are aware of any potential conflict of interest declarations from relevant stakeholders.

"We understand that stakeholders represent their organizations' view," the spokesperson said. "Our process takes this into account, and we collect financial and other interests according to our policy."

GP Semiya Aziz predicts that many GPs will be actually reluctant

Drug-resistant typhoid cases in Karachi leave PMA upset

GAZETTE REPORT

YEARS of irrational use of drugs on the part of physicians and self-medication by the general public have come to haunt the nation in the shape of extensively drug-resistant (XDR) typhoid, particularly among children, regretted the Pakistan Medical Association in a statement issued recently.

Such cases are on the rise especially in Karachi, and PMA warned of a further spike in the days to come. Currently, a number of cases of XDR typhoid are being reported at different healthcare facilities in the city on a monthly basis.

In 2019-20, an outbreak of XDR typhoid was reported in Sindh that affected hundreds and thousands of patients in Hyderabad, Karachi and other districts. More than 200,000 cases of typhoid were reported in Sindh, including Karachi, in 2022.

The PMA statement

said that as weather gets warmer in the coming summer weeks, these cases might see a further spike. At the National Institute of Child Health (NICH), doctors have been seeing a rising trend in typhoid cases over the past few months.

Most patients reporting with prolonged fever, diarrhea, vomiting and abdominal pain are being diagnosed with dangerous XDR typhoid.

According to the statement, the infection is usually spread through contaminated water or food and children are more vulnerable to the disease due to their low immunity levels. Besides, they eat food items being sold by street vendors who have no concept of health and hygiene.

About the treatment, the statement said it is costly and painful in the case of XDR typhoid. It is a 14-day therapy during which a patient is administered injections thrice a day, depending upon the body weight of

the patient.

The PMA statement also underscored the need for concerted efforts by the government to tackle vaccine hesitancy and increase routine immunization coverage. The cases were rising, though their numbers are less compared to those reported in 2019 and 2020. This is so because a lot of parents had opted for getting their children vaccinated against the disease after that outbreak.

Unfortunately, however, the numbers of children getting vaccinated against the life-threatening infection is still too low despite the fact that the vaccine for typhoid is free and part of the routine immunization program, the statement noted.

Vaccine hesitancy, it pointed out, was a major barrier to increasing routine immunization coverage. It is very effective against all forms of typhoid and is free. But there has been no encouraging trend towards routine immunization

coverage, the statement said, emphasizing the need for concerted efforts to shatter the myths surrounding vaccines.

Talking to media about the current prevalence of typhoid in the adult population, Pakistan Medical Association (PMA) Center Secretary-General Dr Abdul Ghafoor Shoro said their numbers were not worrisome right now, but people, especially the poor laborers working in the streets, are likely to get affected more when the weather gets warmer.

In this respect, he said, the government's failure to supply safe and clean drinking water to the citizenry at large posed the biggest threat.

"People, especially the poor, have no option but to risk their lives. The water they get through government lines is contaminated but they cannot afford to boil it.

"Sky-rocketing inflation has left the poor with barely any money to spend on transport that they need to reach a hospital for getting vaccinated against typhoid," he said, adding that this vaccine was only available at tertiary care hospitals. He suggested linking routine immunization program with anti-polio campaigns.

According to him, there are several ways to counter the threat posed by all variants of typhoid. Many of these are long-term, such as improving health and sanitation facilities, as well as providing clean drinking water. But to tackle the disease immediately, he proposed that children aged under 15 years should be vaccinated against typhoid.

Moreover, he suggested that in order to contain the XDR strain, firm steps must be taken to curb the rampant overuse of antibiotics and the trend of self-medication in the country.

In another statement, PMA Karachi regretted that issues of public health and quality of life are relegated to the margins in the country. This is the primary reason why there have been reports of over 200,000 typhoid cases in Sindh in the first 10 months of the year. These include cases of the dangerous XDR strain of the waterborne disease.

While typhoid cases have been reported from across Sindh, 70pc to 80pc of them from Karachi are of the XDR strain. Moreover, the situation in the flood-affected areas is believed to be worse, as these regions are in the grip of waterborne

diseases, amidst other health and sanitation challenges.

The XDR variety is particularly of concern as, true to its name, it tends to resist most antibiotic treatments. The strain was first traced in Pakistan in 2016 when an outbreak began in Hyderabad, and has since become a major challenge for medical professionals.

There are several ways to counter the threat posed by all variants of typhoid that experts, including the World Health Organization (WHO), recommend.

Medical professionals should exercise caution in prescribing antibiotics for minor ailments, while the sale of these drugs without a doctor's prescription must be banned. Awareness campaigns against self-medication are also required.

To reduce the burden of typhoid and other waterborne, preventable diseases, the state needs to provide better sanitation facilities and safe drinking water to the public, while initiating extensive vaccine drives. If the XDR strain is not addressed with seriousness, a new public health nightmare awaits Pakistan, warned the statement by PMA Karachi.

ATTENTION PMA BRANCHES

All affiliated branches and office-bearers of Pakistan Medical Association, which is the sole representative of the community of medical practitioners in the country, are hereby requested to refrain from giving credence / approval / sponsorship to various commercial ventures that are brought to them by any commercial organization.

All PMA members are further requested to strictly adhere to the set out principled stand based on ethics which will give a uniform impression to the general public regarding PMA's policy in this regard.

Dr. Abdul Ghafoor Shoro

Secretary-General

PMA Center

PMA House

Sir Aga Khan III Road

Karachi.

Ph & fax: 021-32254632, 32251159



Can drugs fix the obesity crisis among adolescents?

Continued from page 3

to prescribe the drug, even if authorized by Nice, because the burden of dealing with children suffering from side-effects will fall on primary care services that are already chronically overstretched.

"I think a lot of GPs will be cautious, because they know there will be a whole set of scenarios following on from prescribing a child semaglutide," she says. "There will also be a need for support regarding diet, exercise and follow-ups, and who will be providing all that?"

Robert Lustig, a pediatric endocrinologist who led the University of California, San Francisco pediatric obesity program for 17 years, describes semaglutide as a way of bypassing the main problem, rather than actively dealing with it.

"It is a Band-Aid," he says. "Giving a medicine just to do weight-loss is basically closing your eyes and hoping for the best."

Lustig feels that to really tackle child obesity, investing in education and care programs alone is not enough, as it is both a socioeconomic problem and a public health one, with statistics showing that rates of child obesity are worsening in deprived communities.

Given the impact of the cost of living crisis on many communities, he believes that the only real solution is taxes on ultra-processed foods, which can be used to

subsidize healthier options and make them more affordable for poorer families.

"The UK's soft drinks tax was a start," he says. "It would be much less risk and much greater benefit if governments subsidized real food by taxing ultra-processed food. That would be a zero-sum game for the government and the population. You would create trillions a year and get better weight-loss and resolution of all these associated diseases."

If countries continue to go down the medicalization path, Lustig fears there could be long-reaching psychological consequences for many children. "By medicalizing the problem, and basically telling the kids they need medicine when they do not, you are setting them up to feel like they are not in control," he says.

Aziz fears that if semaglutide is approved for adolescents, it will be a gateway for more obesity drugs and a culture of quick fixes.

"It needs to be used only in extreme situations, where the child is assessed psychologically and socially before being offered the drug," she says.

"It should not be widespread. That would be defeating the object of health, and we will hit the NHS budget even worse. What I cannot understand is that we never go back to basics. We go to the end problem rather than the root cause." — *Courtesy: The Guardian*

PMA issues advisory for mpox prevention

GAZETTE REPORT

THE Pakistan Medical Association (PMA) Center has voiced serious concern over the detection of monkeypox cases in Pakistan. According to the World Health Organization (WHO), monkeypox (mpox) cases have been found in 110 countries since January 2022. Till recently, there have been 87,113 laboratory-confirmed cases and 130 deaths, according to the WHO.

Mpox was declared a global health emergency by the WHO in July 2022. The organization maintained its alert and in November named the disease mpox to replace the older term monkeypox, citing concerns of stigma and racism associated with the name.

Mpox is a rare disease caused by the mpox virus. The symptoms are similar to but milder than those of smallpox. Early signs of mpox include flu-like symptoms, such as fever, chills, headache, muscle aches, fatigue, lymphadenopathy and chickenpox-like rashes on the hands and face. The rashes often begin on the face and then spread to other parts of the body, including palms and soles.

Mpox spreads when someone is in close contact with infected animal and person. It is a droplet infection and enters the body through broken skin, the respiratory tract or through the eyes, nose or mouth, as well as through shared items, such as bedding or towels.

A PMA statement advised the government to be prepared and vigilant, and immediately declare the cases once they are detected. The PMA statement also suggested a number of protective measures to avoid the outbreak of mpox in the country. The government should improve the relevant facilities at airports, seaports and all border entries to scan and monitor the passengers, especially those arriving from high-risk countries. There should be rapid antigen testing for mpox at airports and at all other entry points of the country for those arriving from the already affected countries.

Besides, those testing positive for mpox at the entry points to the country should be kept in designated isolation facilities.

The government should strictly impose the SOPs that were in place during the active phase of coronavirus disease-2019 (COVID-19). Especially, the wearing of masks should be made mandatory.

PMA has requested the general public to adopt various preventive measures to preventing themselves from getting infected by mpox.

Keeping social distance, washing or sanitizing the hands at proper intervals, avoiding handshakes and hugging are critical elements of being safe, the statement said, adding that people should not share beddings and towels with others.

It is also advisable to avoid contact with wild animals, especially rodents like squirrels, rats and monkeys. One should wear gloves, protective clothing and masks while handling or caring for animals.

Also of critical value is the need for monitoring individuals who have had contact with infected persons or animals for signs and symptoms of mpox. Besides, infected individuals should isolate themselves to

no need to panic, it added.

The rashes can be extremely itchy or painful, but the infection usually clears up on its own and lasts between 14 and 21 days, the PMA statement clarified, and stressed upon one and all to follow the preventive measures.

The PMA statement requested the government and all health-oriented organizations to come forward to provide awareness to the masses regarding mpox.

Meanwhile, a 19-year-old woman in Islamabad recently tested positive for mpox. She had arrived from Saudi Arabia and was immediately admitted to the isolation ward of the Pakistan Institute of Medical Sciences (PIMS) after being

had already directed strict monitoring at all entry points to ensure that every suspect gets identified. There is no evidence of local transmission of the disease, and people should not panic at all, the spokesperson said.

A control room has already been set up at the National Command and Operation Centre (NCOC) to tackle mpox spread in the country.

Reacting to the development, another PMA statement said that as the COVID-19 pandemic has taught us, health emergencies can have a devastating economic and social impact, along with other negative effects, on human lives and wellbeing, which is why states must always be on the

The authorities should be concentrating on contact tracing and isolation at this point to prevent further spread of the ailment. The fairly successful experience of dealing with the COVID-19 outbreak should be utilized in the case of mpox.

But, in a related development, the state is considering shutting down a Rs88bn health program designed to deal with emergencies, epidemics and natural calamities. The COVID-19 response program is facing the axe apparently due to "poor implementation" by the provinces.

While the economic situation may warrant cost-cutting, public health programs — particularly those that are supposed to deal with epidemics and natural disasters — should be exempted, especially if funds have already been earmarked.

If there are capacity issues, they can, and should, be addressed through training, the implementation of best practices, oversight etc. Shutting down an entire health program is not the answer.

Globalization and the emergence of new strains of infectious diseases means that the next epidemic may not be too far away. The global MERS, SARS, and COVID-19 health crises all support this position. Pakistan, instead of cutting back spending on its already weak health infrastructure, must strengthen it and prepare to deal with emerging and established threats to public health, concluded the PMA statement.

In a related development, media reported quoted a senior official of the Ministry of National Health Services (NHS) as saying that currently Pakistan had no vaccine available for the virus. "Mpox is treated as per symptoms, such as paracetamol is given if a patient has a fever, and rash cream is applied in case of a rash. This is called symptomatic treatment," he was quoted as saying, adding that the smallpox vaccine is used to treat mpox in some cases but it is not considered proper treatment.

An advisory issued by the Sindh Health Services Directorate General, meanwhile, stated that the hospital administrations were required to establish a designated separate area with 5-10 rooms for isolation of mpox cases within 24 hours.

The area should include appropriate infection control measures, including negative pressure, hand hygiene facilities, and personal protective equipment (PPE) to provide safe and effective care for patients and healthcare providers.



prevent transmission to others.

If one suspects exposure to mpox, or have symptoms that may indicate the infection, one should seek medical attention immediately. Early diagnosis and treatment can help prevent severe illness and complications.

There is no specific treatment for mpox, but supportive care can help alleviate symptoms and prevent complications. Treatment may include administering antiviral medications to reduce the severity of the disease. Pain and fever medications as well as anti-itching medicines can be taken.

To avoid dehydration, the infected need to take plenty of water and juices. In case of any complications, one should immediately contact any certified medical doctor.

The mpox is not as fatal as COVID-19, and, as such, there is

referred by the authorities at the Islamabad airport.

According to media reports, the sample was collected and sent to the National Institute of Health (NIH) which confirmed positivity the same day.

The patient belonged to Gujranwala and was the first female in Pakistan to have tested positive for mpox infection. Earlier, two male patients had tested positive in Islamabad and another case was detected in Karachi.

The woman, who had been deported from Saudi Arabia, was being kept in isolation and was said to be in a stable condition. The authorities were busy locating her contact persons so that they may be tested and kept in isolation till they were confirmed negative.

A spokesperson for the Ministry of National Health Services (NHS) said the ministry

alert to keep infectious diseases at bay.

While there is no need to panic, the detection of the recent cases should prompt the health authorities to boost surveillance of incoming passengers at airports as well as border crossings, while contact tracing needs to be proactively carried out. Though mpox is not deadly in many cases, it can make people very sick, and as the WHO has pointed out, children, pregnant women and people with weak immune systems "are at risk from complications" related to the disease.

The infection is contagious, and can spread through personal contact and infected animals, as well as by sharing contaminated materials. Last year, outbreaks were reported, primarily in Europe and the Americas, causing thousands of infections and over 100 deaths.

PMA laments Pakistan's failure in maternal and child healthcare

GAZETTE MATTER

WOMEN with anemia and other nutrition-related health complications are at a greater risk of dying in childbirth, and even when they survive, they bear underweight children who are at a disadvantage in physical and cognitive development throughout their lives, said a PMA statement which reiterated PMA's commitment to the cause of the health of the nation.

To underscore the gravity of the situation, the PMA statement recalled a report issued by the

United Nations a few years ago according to which even the poorest Nigerian women fared better in nutrition terms than their counterparts in Pakistan's Sindh province.

The PMA statement pointed out that the fact that the UN report was a few years old suggests that the current situation is bound to be worse because things have gone down in the last few years, especially in Sindh where floods last year left thousands and thousands of people homeless and in misery without even the most basic of supplies.

The said UN report, released two years after world leaders had adopted the 2030 Agenda for Sustainable Development, and titled, 'Turning Promises into Action: Gender Equality in the 2030 Agenda', examined all the 17 Sustainable Development Goals (SDGs) and showed their impact on the lives of women and girls.

It highlighted how the different dimensions of wellbeing and deprivation were deeply intertwined, and suggested measures to tackle existing structural inequalities and turn promises into action.

Part of the report is a four-country case study on the "furthest behind", which analyzed existing data in ways that make visible the inequality experienced by different groups of women. The countries selected were Colombia (South America), Nigeria (sub-Saharan Africa), Pakistan (Southern Asia) and the United States (North America).

According to the report, national rates of undernourished women and girls aged 18-49 hide important inequalities between and within countries.

For instance, although Nigeria and Pakistan appear to have similar rates of undernourished women

when comparing only the richest urban groups (4.2 and 4.0 percent, respectively), outcomes differed dramatically when comparing some of the most disadvantaged groups.

For instance, "18.9pc of Fulani women (part of a large ethnic group in the Sahel and West Africa) from the poorest rural households in Nigeria are underweight compared to 40.6pc among the poorest rural women from the Sindhi ethnic group in Pakistan", it said.

Sindhi women and girls from the poorest households, the report said, fared far worse than any other group across all wealth quintiles and locations within Pakistan when it comes to malnutrition, evaluated by a low body mass index (BMI).

While women generally report greater food insecurity, the gender gaps vary significantly across countries.

Gender differences, the report said, are greater than three percentage points and biased against women in nearly a quarter of the 141 countries sampled, and against men in seven countries.

"In Albania, for instance, women were seven percentage points less likely than men to say they struggled with regular access to food for themselves and their families. In Pakistan, however, food insecurity among women was a staggering 11 percentage points higher than that among men.

This is a particular challenge for children as well as pregnant and lactating women, who often suffer from anemia as a result. A leading cause of maternal mortality, anemia was estimated to affect 29pc of women aged 15-49 years globally. The figure was higher for pregnant women (38pc), the report said.

Household-level deprivations are widespread in Pakistan, and 63.3pc of all women and girls aged 15-49 lacked access to clean cooking fuel.

Seraiki women and girls were the most deprived. While 85.2pc of them lacked access, 17.8pc of Urdu-speaking women and girls did, making Seraiki women and girls almost 4.8 times as likely to be deprived of access to clean energy for cooking.

Inequality in education Pakistan and Nigeria share similar stats on inequalities in access to education, the sector which is found to have some of the largest



inequalities within a country in the study.

In Nigeria, 12.9pc of women in the richest urban households are education-poor (defined as having only completed six or less years of education) compared to 99.4pc of Fulani women from the poorest rural households, and 98.6pc of Hausa women from the poorest rural households.

In Pakistan, 98.8pc of women from the poorest rural households are education-poor compared to 29.3pc of the richest urban dwellers. Disparities in education are also staggering in the case of the United States. Among the urban richest, only 4.1pc did not complete high school, compared to a national average of 10.3pc.

The rate is much higher among Hispanic women in the poorest quintile at 38.3pc, who are the most disadvantaged, the report said.

On access to drinking water, the report pointed out, 41pc of urban households have access to safely managed drinking water in Pakistan compared to 32pc of rural households; large differences also exist across income and ethnic groups.

"When safe drinking water is not available on premises, the burden of water collection and treatment largely falls on women and girls, who are forced to allocate significant amounts of time and limit their engagement in other activities such as paid work and education," it said.

Even in a generally

underdeveloped country, it is easy to identify those in positions of governance that have taken their responsibilities with less seriousness than many of their counterparts. In this regard, the government's performance in Sindh has, time and again, stood out as being utterly pathetic when it comes to the uplift and welfare of the millions in whose name it governs, said the PMA statement.

Not too long ago, regular reports of infants and children dying in Thar — from preventable illnesses — led to much consternation among the public. But the government had nothing to offer except platitudes.

In terms of the challenge, it was as far back as January 2011 that the UNICEF had warned that the levels of malnutrition in rural Sindh could be compared to those in Chad and Niger. Now, it appears, the situation has deteriorated even further. The latest UN report highlights how females among the most disadvantaged groups in Sindh fare even worse in terms of malnutrition than their counterparts in Nigeria.

True, the problem is not restricted to Sindh alone. The report also provided details of how overall food insecurity amongst women in the country is 11 percentage points higher than amongst men compared to, say, Albania where females were seven percentage points less likely than men to report the same.

Even so, given the repeated alarm bells that have over the years been rung regarding malnutrition in rural Sindh in particular, stringent criticism is warranted. Unfortunately, it is difficult to discern what it will take to make things happen, the PMA statement wondered.

The statement said there are few issues in Pakistan both as urgent and important as that of malnutrition. Despite becoming a food surplus country, the World Health Program reported that 60pc of Pakistan's population still faces food insecurity, and multiple national and international surveys have shown deteriorating nutrition indicators: 44pc of children are stunted, 15pc are wasted and more than half of all women of reproductive age are anemic.

These factors result in increased maternal and infant mortality rates, impaired physical and cognitive development, and overall poorer socioeconomic outcomes. With parts of Sindh being some of the worst-affected areas, it comes as some relief that, in the wake of the provincial task force on nutrition being informed that the issue has reached critical proportions, the chief minister announced the launch of an EU-assisted nutrition program.

This is not the first time that Sindh has received multi-million-dollar funding to combat malnutrition, however, and tempting as it is to treat it as a province and health-

specific problem, malnutrition is in fact exacerbated by multiple complications poverty, lack of education, food insecurity, climate change and political instability. This must also be addressed through strategic cooperation between the provinces and federal government, which is not contingent solely on donor aid.

It is not enough to provide dietary supplements and vaccinations, promote breastfeeding and ensure that children with diarrheal diseases are properly treated. Equally important is addressing the lack of sanitation facilities, eliminating open defecation and implementing Water, Sanitation, & Hygiene (WASH) programs.

Similarly, the agriculture sector must harmonize the need for increasing production with ensuring that the agri-food chain is sustainable, climate-smart and free of harmful contaminants; improving the nutritional quality of crops through fortification; diversifying crops; and increasing production of plant-based proteins.

As malnutrition is intrinsically linked with poverty and disease, each contributing to the other's pervasiveness ultimately, the basic needs of the population for affordable food, housing and healthcare must be met. Breaking this cycle requires consistent political and socioeconomic intervention the PMA statement concluded.



PMA Lahore President Professor Dr Ashraf Nizami recently participated in the 223rd session of the World Medical Association (WMA) Council that was held in the Kenyan capital of Nairobi.

PMA asks govt and pharma to share drug price impact

Continued from Page 1

be a sticky issue for consumers and the government alike. On the one hand, fixing the maximum drug price impairs the quality of medications being produced.

Manufacturers, when the retail drug price does not seem economically feasible compared to the cost of production, cut corners in the task of maintaining required quality standards.

On the other hand, the pricing policy impacts the procurement processes of healthcare facilities.

Most government health establishments, and also several private hospitals, procure drugs through a tender process and the drug with the

The quality of services and treatment offered across numerous healthcare establishments in the country is ample proof.

With our faulty healthcare system in which patients end up bearing 70-75pc of the total treatment expense, revision and upgradation of the existing drug pricing policy are necessary to make it compatible and more effective as per our requirements.

Moreover, policymakers often overlook the impact of drug policies on the pharmaceutical industry and its importance in sustaining the economy of the country.

In 2011, pharmaceutical companies were valued at \$1.64 billion, and by 2019 their value had doubled to \$3.2bn.

Thus, it is critical that any updated drug policy, while aiming to make healthcare more affordable, also supports local drug manufacturers in production and research.

There has been limited research in Pakistan in the drug-pricing sector, contributing to the opacity of the production and marketing processes of pharmaceutical companies.

In this regard, a paper published by the Pakistan

Institute of Development Economics offered an insight into the drug-pricing and production process, while pointing out the futility of using an external price-referencing system in a developing country.

However, the paper also included a few solutions to enhance the quality of drugs being manufactured locally while also reducing their cost.

It advocated for the local production of raw materials and reducing taxes on manufacturing-related products and imports to enable lowering the price of medicines.

While there was no problem with the recommendations themselves, the suggested time frame for their implementation made it an impossible feat.

In a country like ours where political instability is a constant factor, any robust drug policy would take years to be accepted and then implemented.

A number of different pricing models exist across the world, recalled Dr Shoro, but in recent years many countries have converted to a value-based pricing system for medicines.

This method takes into account the overall efficacy of drugs over other existing options.

In Pakistan's case, however, this option is not viable due to a number of limitations including the lack of data and our unsymmetrical healthcare system.

Hence to develop a long-term policy on the manufacture, marketing

and sale of drugs in Pakistan, it is imperative that all relevant medical, drug manufacturing and health policy experts sit down and chalk out a detailed and phase-wise plan for rationalizing the cost, and improving access to and quality of treatment options available to the people.

Spike in dog-bite cases alerts PMA

GAZETTE REPORT

THE alarming rise in the number of dog-bite cases in Karachi have cause anxiety among healthcare practitioners because the availability of rabies vaccine generally remains a big issue in the country. A PMA spokesperson asked the government to wake up before the situation gets out of control. The municipal authorities need to chalk out some feasible plans to control the menace of stray dogs in society, the spokesperson said.

Most government hospitals do not have proper facilities to handle dog bite cases like a dedicated washing space, trained doctors and the vaccines to take care of such patients. Even private hospitals or clinics are not equipped to handle such an emergency. Unfortunately, parents also do not realise the importance of dog bite, and the municipality does not immunise dogs. The dice, thus, is loaded among the masses, the spokesperson added.

Pakistan ranks fifth among the countries in the world most affected by rabies, with between 2,000 and 5,000 deaths reported every year. Various hospitals in the country have reported 25-30 cases of dog bites per day. Rabies is a viral infection,

caused by a virus secreted in the canine saliva. It affects a dog's nervous system, including the spinal cord and brain, and is fatal once symptoms present themselves.

The first symptoms of rabies may be similar to flu, including weakness or discomfort, fever and headache. There also may be discomfort, prickling, or an itching sensation at the site of the bite. These symptoms may last for several days. Symptoms then progress to cerebral dysfunction, anxiety, confusion and agitation. The first symptoms of rabies can appear from a few days to more than a year after the bite happens.

Because of the risk for infection, the PMA spokesperson said, one should see a healthcare provider within 24 hours of any bite that breaks the skin. If you are caring for someone who was bitten, be calm and reassure the person. Wash the bite area with soap and water. If the bite is bleeding, put pressure on it using sterile gauze or a clean cloth. If the bleeding has stopped, put antibiotic ointment on the area. Cover the area with a bandage or sterile gauze, the PMA spokesperson concluded.



lowest cost usually wins the bid.

This process of drug minimization, where the cheapest treatment options are given priority, end up compromising the efficacy of treatments.

Lamictal™
LAMOTRIGINE

monotherapy effectively controlled seizures and was better tolerated than carbamazepine or valproate¹

Lamictal™
LAMOTRIGINE

- is a weight neutral antiepileptic drug²
- improves mood states to clinically important degree³
- causes a significant increase in REM sleep & a significant reduction in the number of entries into REM and stage shifts⁴

For patients with epilepsy...

...Simply Lamictal™
LAMOTRIGINE

References:

1. Efficacy and tolerability of conversion to monotherapy with lamotrigine compared with valproate and carbamazepine in patients with epilepsy. Fakhoury et al. *Epilepsy & Behavior* 5 (2004) 532-538.
2. Effect of Antiepileptic Drugs on Bodyweight: Overview and Clinical Implications for the Treatment of Epilepsy. *CNS Drugs* 2003; 17 (11).
3. Improved mood states with lamotrigine in patients with epilepsy. Joyce Cramer et al. *Epilepsy & Behavior* 23(4), 573-707.
4. Effects of lamotrigine on nocturnal sleep, daytime somnolence and cognitive functions in focal epilepsy. *Acta Neurologica Scandinavica* 2000; 112: 61-65.

Full prescribing information is attached
GSK
GSK Pakistan Limited
20, Secunder Road, New View, Karachi - 74600.
Lamictal is a trademark of GlaxoSmithKline group of companies. GlaxoSmithKline Pakistan Limited is a member of GlaxoSmithKline group of companies.
© GlaxoSmithKline Pakistan Limited

4116-AN-000009



Shoro underlines the need to improve maternal nutrition

GAZETTE MATTER

PAKISTAN Medical Association (PMA) Center Secretary-General Dr Abdul Ghafoor Shoro has appreciated the dedication and commitment of Nutrition International (NI) which recently launched a nationwide Maternal Nutrition Campaign in collaboration with the federal Ministry of National Health Services.

Addressing a well-attended ceremony in this respect, Dr Shoro said he was deeply impressed by the dedication and commitment of NI Pakistan to improve maternal nutrition and the health of women and children in Pakistan. He commended the team for its tireless efforts in promoting nutrition education, raising awareness, and providing essential nutrition services to women and children across the country.

"As we all know, maternal nutrition is critical for the health and wellbeing of both mother and child. Poor maternal nutrition can lead to several adverse outcomes, including low birth weight, stunting, wasting and even maternal mortality.

"Unfortunately, maternal malnutrition is a significant public health challenge in Pakistan, with one out of every three women suffering from anemia and a high prevalence of low birth weight and

stunted growth among children.

"Therefore, it is vital to prioritize maternal nutrition and ensure that women have access to adequate and diverse food, essential nutrients, and quality health-care services throughout their pregnancy and lactation.

"The government of Pakistan has made some significant strides in this direction by launching various initiatives, such as the National Nutrition Strategy, the Expanded Program on Immunization, and the Lady Health Worker Program. However, we need to do more to reach the most vulnerable women and children, particularly in remote and marginalized communities.

"I believe that NI Pakistan's Maternal Nutrition Campaign is an excellent example of a public-private partnership that can accelerate progress towards achieving better maternal nutrition outcomes in Pakistan. The campaign's focus on improving awareness, behavior change, and service delivery is commendable, and I am confident that it will have a significant impact on the lives of many women and children in Pakistan," said Dr. Shoro.

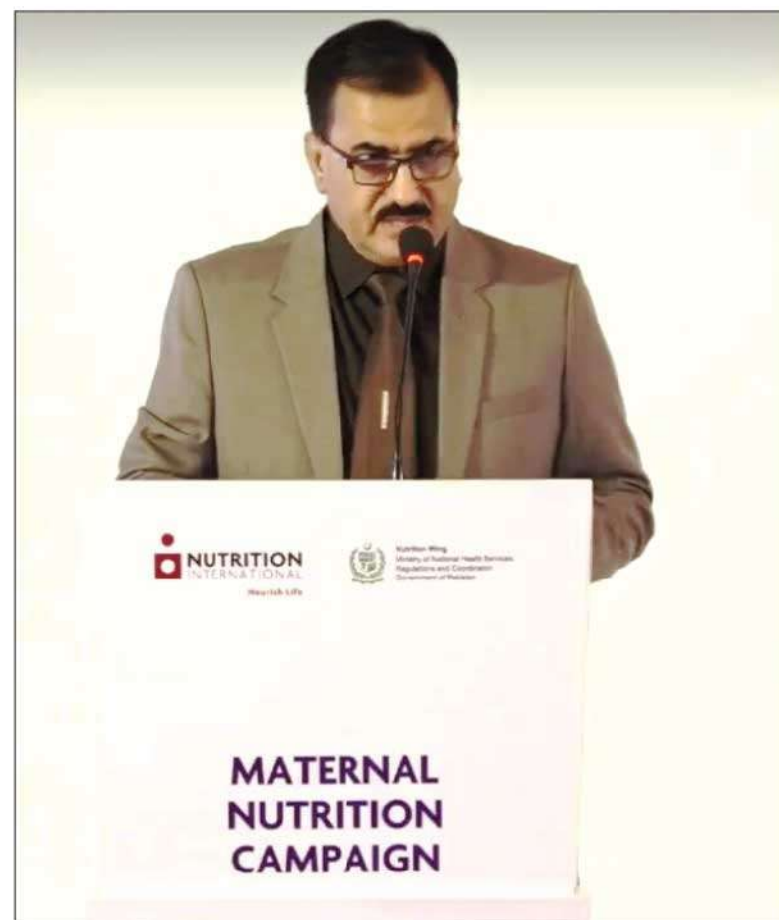
He continued: "I would like to take this opportunity to urge all stakeholders, including the government, civil society, private sector and development partners,

to work together to ensure that maternal nutrition remains a priority and that we achieve the targets set out in the National Nutrition Strategy. We must also prioritize research and innovation to develop evidence-based interventions and solutions that can address the complex and multidimensional nature of maternal malnutrition."

On behalf of the Pakistan Medical Association (PMA) and its extensive countrywide network, Dr. Shoro expressed absolute support and extended unqualified cooperation to the project on maternal nutrition campaign.

"The PMA's vast network of branches enables us to reach out to medical practitioners, specialists and healthcare institutions in both urban and rural areas. Through our branches, we have the ability to disseminate vital information, conduct educational programs, and organize awareness campaigns on maternal nutrition."

Dr. Shoro concluded by thanking NI Pakistan for organizing the important event and for its unwavering commitment to improving maternal nutrition in Pakistan. He wished the team all possible success in its future endeavors and hoped that the campaign would serve as a catalyst for a broader movement towards better nutrition and health for all.



unwavering commitment to improving maternal nutrition in Pakistan. He wished the team all possible success in its future endeavors and hoped that the campaign would serve as a catalyst for a broader movement towards better nutrition and health for all.

PMA Larkana set to discuss poll schedule, details

GAZETTE REPORT

THE Election Committee of the Larkana Chapter of Pakistan Medical Association (PMA) has scheduled a meeting regarding the upcoming elections. The meeting has been convened by the committee at 11am on Monday, June 17 at the local PMA office.

The committee has invited all the current office-bearers of PMA Larkana as well as all those who wish to contest the elections. They have been requested to attend the meeting and present their valuable views on the conduct of the elections.

The agenda of the said meeting includes the proposed date of election as well as its venue and schedule. The committee will also discuss any matter related to the election bylaws.

Safeguard School Education Program

Inspiring kids towards a healthier Pakistan through basic health and hygiene education

