



Home Office

Country Policy and Information Note

Pakistan: Medical and healthcare issues

Version 2.0

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Preface

Purpose and use

This note provides country of origin information (COI) for decision makers handling cases where a person claims that to remove them from the UK would be a breach of Articles 3 and/or 8 of the European Convention on Human Rights (ECHR) because of an ongoing health condition.

It is not intended to be an exhaustive survey of healthcare in Pakistan.

The note contains no analysis.

Country of origin information

The country information in this note has been carefully selected in accordance with the general principles of COI research as set out in the [Common EU \[European Union\] Guidelines for Processing Country of Origin Information \(COI\)](#), dated April 2008, and the Austrian Centre for Country of Origin and Asylum Research and Documentation's (ACCORD), [Researching Country Origin Information – Training Manual, 2013](#). Namely, taking into account the COI's relevance, reliability, accuracy, balance, currency, transparency and traceability.

The structure and content of the country information section follows a [terms of reference](#) which sets out the general and specific topics relevant to this note.

All information included in the note was published or made publicly available on or before the 'cut-off' date in the country information section. Any event taking place or report/article published after this date is not included.

All information is publicly accessible or can be made publicly available, and is from generally reliable sources. Sources and the information they provide are carefully considered before inclusion.

Factors relevant to the assessment of the reliability of the sources and information include:

- the motivation, purpose, knowledge and experience of the source
- how the information was obtained, including specific methodologies used
- the currency and detail of information, and
- whether the COI is consistent with and/or corroborated by other sources.

Multiple sourcing is used to ensure that the information is accurate, balanced and corroborated, so that a comprehensive and up-to-date picture at the time of publication is provided of the issues relevant to this note.

Information is compared and contrasted, whenever possible, to provide a range of views and opinions. The inclusion of a source, however, is not an endorsement of it or any view(s) expressed.

Each piece of information is referenced in a brief footnote; full details of all sources cited and consulted in compiling the note are listed alphabetically in the [bibliography](#).

MedCOI

MedCOI is an Asylum and Migration Integration Fund financed project to obtain medical country of origin information. The project allows 11 European Union member states plus Denmark, Norway and Switzerland to make use of the services of the 'MedCOI' team in the Netherlands and Belgium.

The MedCOI team makes enquiries with qualified doctors and other experts working in countries of origin. The information obtained is reviewed by the MedCOI project team before it is forwarded to the UK or other national COI teams. Previous MedCOI responses are stored on its database which participating states are able to access.

Feedback

Our goal is to continuously improve our material. Therefore, if you would like to comment on this note, please email [the Country Policy and Information Team](#).

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Guidance on medical claims

For general guidance on considering cases where a person claims that to remove them from the UK would be a breach Articles 3 and / or 8 of the European Convention on Human Rights (ECHR) because of an ongoing health condition, see the instruction on [Human rights claims on medical grounds](#).

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Country information

Updated: 27 July 2018

1. Cancer

- 1.1.1 The 'News International' report, 'World Cancer Day: Pakistan lacks treatment facilities,' dated 5 February 2018, stated:

'Cancer that has emerged as a major health threat in Pakistan claims not less than 50,000 deaths a year but still Pakistan lacks badly the facilities for treatment and management of cancers and it is ironical that even the palliative care is not available to cancer patients across the country.

'Also there is no population-based cancer registry for systematic reporting of incidences of cancers in Pakistan making it hardly possible to have actual cancer statistics. According to estimates, however, around 300,000 new cancer patients are added to the existing pool of millions of cancer patients in the country every year. In Punjab alone, over 150,000 new patients of cancer are reported every year.

'Many health experts have time and again expressed to 'The News' that the most alarming fact is that in Pakistan, majority of cancer patients are unable to receive treatment facilities and even the pain management in case of non-curable cancers. In public sector hospitals of the country, majority of cancer patients are being refused treatment due to limited capacity of cancer beds and unavailability of oncologists. Furthermore, in almost all public sector healthcare facilities of the country, there are no facilities for even palliative care, the treatment to relieve symptoms caused by cancer...

'According to health experts, palliative care that is considered as urgent humanitarian need for people with cancer in Pakistan may help people live more comfortably. It is important to mention that the federal government has been working out establishment of a cancer hospital in Islamabad however the scheme being added in the federal budgets for last five years has an unapproved status so far. According to Head of Community Medicine at CMH Lahore Medical College Professor Dr Muhammad Ashraf Chaudhry, palliative care is particularly required in places like Pakistan with a high proportion of patients with advanced stages where there is little chance of cure. There is a dire need to establish new cancer treatment facilities in the country, he said...

'Various studies reveal that the current healthcare facilities are unable to provide health care to over 60 per cent of the cancer patients leaving majority to wander in corridors of different hospitals while a number of patients do not have access to the healthcare facilities for treatment of cancer at all.'¹

- 1.1.2 An 'Arab News' report, 'Pain-free: Pakistan's \$4.1 million robotic cancer treatment,' dated 10 February 2018, stated:

¹ 'News International', 'World Cancer Day: Pakistan lacks treatment facilities', 5 February 2018, [url](#).

‘Jinnah Postgraduate Medical Center (JPMC) in Karachi is to have its second robotic radiosurgery system [Cyberknife] for cancer within six months — and the treatment is free...

‘Professor Dr. Tariq Mahmood, head of the Department of Radiology at JPMC, told Arab News that treatment using the sophisticated radiation tool will be free. “The price tag for such treatment in other countries ranges from \$60,000 to \$90,000 per person,” he said...

‘The number of patients being treated with CyberKnife would increase to 24 per day with the commissioning of the second robotic machine, which is expected to start operations in next six months, compared to the nine patients being treated at present, Professor Mahmood said...

‘The department began operations in 2012 and has completed 6,000 sessions of radiosurgery...

‘As a tertiary care hospital, JPMC treats 1.4 million patients a year.

“We provide medical equipment, staff and consumables wherever and whenever it is needed,” Sohail Hussain, the manager of marketing and donor relations at PAF, told Arab News, adding that about 150 poor patients are provided with welfare services at the JPMC daily.

‘As the major hospital in the public sector in Pakistan, JPMC provides emergency care to about 1,500 people a day.

‘About 83,000 cancer patients are referred to JPMC annually, and of those more than 7,000 are given surgical treatment.’²

1.1.3 The ‘Express Tribune’ reported on 27 October 2016:

‘The first-ever one-stop breast cancer clinic was inaugurated on Wednesday at the Pakistan Institute of Medical Sciences (Pims), Shaheed Zulfiqar Ali Bhutto Medical University Islamabad (SZAMBU).

‘Called the Breast Care Centre, it is the first dedicated public facility in Pakistan to provide awareness, detection and subsequent treatment of the disease.

‘At present, only Shaukat Khanum Cancer Hospital, Lahore, and Agha Khan Hospital, Karachi, provide one-stop breast cancer clinic once or twice a week. However, both these institutes do not have a dedicated staff or centre.

‘The institute at Pims has a dedicated all-female staff for diagnosis and treatment as women hesitate to undergo an examination under the supervision of male staff.

‘Initially, the centre opened its ground floor for patients and has the capacity to provide outdoor services to between 100 and 200 people on a daily basis. It will also conduct daily awareness sessions of the disease.

‘Under the project, diagnostic machines, including ultrasound with elastography software, mobile mammography machines and a stereotactic mammography machine with biopsy facilities were bought in 2014-15. Some 500 women have already had their mammogram tests conducted.

² ‘Arab News’, ‘Pain-free: Pakistan’s \$4.1 million robotic cancer treatment,’ 10 February 2018, [url](#).

‘They were referred for mammogram tests after screening camps in rural areas diagnosed between 40 and 50 of them with breast cancer. The biopsies of some are still underway.

“‘There is a lack of health professionals trained in clinical breast examination procedures and the centre is of immense importance to a country with an alarming rate of the disease,” said Dr Ayesha Isani, the associate professor of radiology and deputy project director of the breast cancer screening programme at Pims.’³

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2. Dental treatment

2.1.1 The [Punjab Dental Hospital](#) provided a wide range of dental treatment and oral healthcare services including dental surgery, orthodontic treatment, operative dentistry, crown bridge procedures, prosthodontic procedures and periodontic procedures.⁴ Alvi Dental services provides a wide range of dental medical care in two locations in Pakistan, such as braces, implants, aligners, root canal treatment, cosmetic dentistry, digital x-rays, crowns, bridges and gum disease treatment.⁵

2.1.2 There is also a [dental hospital](#) in North Nazimabad, which:

‘...comprises of six departments including Diagnosis, Periodontology, Oral surgery, Prosthodontics and Orthodontics. All the clinical departments are headed by highly qualified & experienced consultants and Dental Surgeons. A new Implantology clinic has been established and will be providing dental implant facility for patients at a reasonable price...

‘All types of dental treatment are provided under strict cross infection control using Hi-Tech sterilization methods. Daily around 300 patients visit for Primary care and consultation and more than 250 old patients revisits. There is Dental X-ray facility available in the Dental Hospital performing more than 20 X-rays per day.

‘There are around 100 units in [the] Dental hospital, with 6 in Oral Diagnostic Clinic, 15 in Prosthodontics Clinic, 20 in Conservative Clinic, 10 in Periodontology Clinic, 10 in Orthodontics Clinic, 15 in Oral & Maxillofacial Surgery Clinic, 4 in Executive and Staff Clinic, 10 in Examination Centre and 10 in Paediatric Clinic.

‘There is a facility of Dental radiology with 4 Intraoral X-ray and Digital OPG. The Dental Hospital also has a Dental Day Care Centre with 4 recovery beds, Linen room, Bio-engineering workshop and Pharmacy.’⁶

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³ ‘Express Tribune’, ‘First of a kind: Breast cancer clinic inaugurated at Pims’, 27 October 2016, [url](#).

⁴ Punjab Dental Hospital, undated, [url](#).

⁵ Alvi Dental services, Homepage, undated, [url](#).

⁶ Karachi Medical and Dental College, ‘Dental Hospital’, [url](#).

3. Diabetes

3.1.1 'Gulf News' reported on 20 June 2017:

'A UAE-based Pakistani doctor has undertaken an ambitious project of building the first diabetes hospital for under-privileged patients back in his country.

'Speaking to Gulf News, Dr Hameed, who is a consultant physician in Diabetes and Endocrinology in Abu Dhabi, said that more than 35 per cent [of] people in Pakistan are suffering from diabetes but there is not even a single dedicated hospital to treat this 'epidemic'. "The Diabetes Centre, which is under construction in Islamabad, will not only provide free treatment to under-privileged patients but also create awareness about the killer disease," he said...

'Chairman of the [Diabetes Centre] TDC Dr Asjad said ... "The estimate is that one in ten Pakistanis is diabetic and 56 per cent of them are women," he said.

'He said that TDC has already started an on-site clinic in a temporary facility where patients are treated irrespective of their ability to pay.

'Since its opening, the TDC has treated 45,000 patients of whom 70 per cent were treated free of charge.

"We are also the largest charity in Pakistan, focusing on Diabetes care, treatment and awareness. Our state-of-the-art hospital is 70 per cent complete. We seek your support to complete this multi-level building project to serve many more," he urged the community members.

'He said the TDC is focusing on educating the masses by regularly organising free medical camps and awareness sessions at various locations within the country. A highly informative campaign on how to prevent and combat the disease is also being run through social media platforms.'⁷

3.1.2 The MedCOI website stated that HbA1C tests for blood-sugar levels were offered in Pakistan and insulin and insulin injection devices were available. Gliquidone, gliclazide and glimepiride (oral drugs for diabetes control), were also available in Pakistan⁸.

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4. Eye conditions and diseases

4.1.1 The Al-Shifa Trust Eye Hospital in Rawalpindi provided a wide range of specialist services and eye disease specialists. The hospital had facilities to treat people with various eye diseases, such as glaucoma and conditions affecting the retina, eye injuries and eye wounds. The hospital could also carry out eye surgery and had a paediatrics department.⁹ The Basheeran Umar Eye Hospital in Islamabad had the facilities and eye specialists to treat

⁷ Gulf News, 'Diabetes centre to open for under-privileged Pakistanis', 20 June 2017, [url](#).

⁸ MedCOI, diabetes, BMA-10611, 24 January 2018

⁹ Al-Shifa Trust Eye Hospital, undated, [url](#).

people with cataracts, age-related macular degeneration, glaucoma, and retinal detachment.¹⁰

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5. Gastroenterological conditions

- 5.1.1 The Islamabad Gastroenterology Associates provided treatment for people with gastroenterological conditions. The facility treated people with chronic hepatitis, acid reflux disease, crohn's disease, ulcerative colitis, and swallowing disorders. It performed ultrasound, upper gastrointestinal endoscopy, PEG [percutaneous endoscopic gastrostomy] tube placement, and endoscopic retrograde cholangiopancreatography.¹¹
- 5.1.2 MedCOI stated that there were gastroenterologists in Pakistan who provided treatment for people with gastroenterological conditions such as crohn's disease. Anti-inflammatory drugs, such as corticosteroids, proton pump inhibitors (used to reduce stomach acid), full blood count tests, colonoscopies and MRI imaging were also available in Pakistan.¹²

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6. Gynaecological conditions

- 6.1.1 The Pakistan Railway Hospital in Rawalpindi has a gynaecology department that can provide medical services for women with breast diseases, who are infertile, who have cancer, and can provide contraception services. Doctors at the hospital have expertise in sub-speciality areas such as gynaecological urology and infectious diseases. The hospital's consultant gynaecologists frequently deal with women with menopausal symptoms, menstrual disorders, and urinary incontinence¹³.

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7. Heart disease

- 7.1.1 The 'Express Tribune' article, 'Tackling congenital heart disease in Pakistan,' dated 29 January 2018, stated that a growing number of:

'...children born with [congenital heart disease] CHD, [...] are surviving, thanks to life-saving pediatric cardiology programmes such as the one at the Aga Khan University in Karachi [AKUK]...

'The three-year effort to support CHD patients has raised over Rs247 million from community partners, local corporations, private individuals and support from AKUH's income allocated for welfare to offer enhanced services to the children in Pakistan.

'Each year, the congenital cardiac programme team at AKUH performs more than 400 paediatric cardiac procedures, especially for miracle children like

¹⁰ Basheeran Umar Eye Hospital, Islamabad, [url](#).

¹¹ Islamabad Gastroenterology Associates, 'Services', undated, [url](#).

¹² MedCOI, gastroenterology, BMA-9220, 6 February 2017

¹³ IIMCT Pakistan Railway Hospital, 'Gynecology', undated, [url](#).

Shahmeer whose families could not afford the cost of these complex procedures.’¹⁴

7.1.2 A Transparent Hands article, dated 4 July 2017, gave details of the ‘Top 3 Heart Surgery Funding Organizations in Pakistan’:

‘1- Punjab Institute of Cardiology [PIC]:

‘The PIC is located in Lahore and is one of the most appreciated cardiac care hospitals in Pakistan. It has more than 300 bedding facility with the provision of nationwide cardiac care services since last 18 years. In recent days it is expanding its units and increasing the capacity.

‘At times when the hospital is successfully providing services of a cardiac emergency, OPD [Out Patient Department], diagnostics, interventional and invasive cardiology and cardiac surgery, it serves the needy and poor people of Pakistan by providing them free heart treatments of all kinds...The hospital is also funding the heart surgery treatment for poor people of Pakistan and is successfully providing them the best ever treatments possible.

‘2- The National Institute of Cardio Vascular Disease [NICVD]:

‘The NICVD has played a crucial role in serving the heart patients in Pakistan. NICVD is the first tertiary care hospital for heart patients, in South Asia. With the focus on the superior care for the needy and training and education for the professionals, the institute also provides research and development services for the cardiology experts. The institute is had been serving the needy, not only from Pakistan but also that of the afghan refugees and the heart patients from neighboring countries.

‘3- Malik Riaz Foundation:

‘Malik Riaz is an internationally known business tycoon in Pakistan. He has been dealing with a number of commercial and residential projects and can be seen significantly working for the welfare and helping people in need. At times the foundation has served a number of people around the globe. However, his foundation is also helping the needy by funding and helping them in their heart treatments in Pakistan...

‘Pakistan Children’s Heart Foundation (PCHF)

‘PCHF is on second position in our top 20 non government organizations list in Pakistan. “To establish a state of the art medical facility that provides the highest quality of care for children with heart disease, irrespective of their financial means. To act as a model institute, for the training of healthcare professionals, education of the public at large and promote research into the causes and management of congenital heart disease.”¹⁵

7.1.3 The Aga Khan University Hospital website stated:

‘The Heart, Lungs and Vascular Service Line at the Aga Khan University Hospital [in Karachi] offers the most advanced and comprehensive cardiac, pulmonary and vascular care across the country.

¹⁴ ‘Express Tribune’, ‘Tackling congenital heart disease in Pakistan,’ 29 January 2018, [url](#).

¹⁵ Transparent Hands, ‘Top 3 Heart Surgery Funding Organizations in Pakistan,’ 4 July 2017, [url](#).

‘Our team of Cardiologists, Cardiac Surgeons, Cardiothoracic Surgeons, Vascular Surgeons, Cardiac Nurses and Imaging Technicians, work together to deliver specialized and individualized care for our patients suffering from heart disease and disorders. Our cardiac services offer a full range of primary prevention, diagnostic (laboratory testing, clinical imaging, cardiopulmonary) to interventional (angiograph, angiogram), surgical (coronary artery bypass graft, also known as CABG) and rehabilitation options. This is the largest centre of its kind in the region, helping in the better diagnosis and treatment of cardiac diseases.’¹⁶

- 7.1.4 MedCOI stated that ramipril, hydrochlorothiazide and amlodipine, used to treat hypertension, were available from private pharmacies in Pakistan¹⁷.

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8. Hepatitis

- 8.1.1 A World Health Organisation (WHO) report, ‘Pakistan tackles high rates of hepatitis from many angles’ dated July 2017, stated:

‘Pakistan has the world’s second highest prevalence of hepatitis C, second only to Egypt. A survey done in 2007 found that close to 7% of people in the province of Punjab had hepatitis C, while around 5% of people were infected in the entire country.

‘The high prevalence of hepatitis is due to many factors in both health care settings and in the community,” says Dr Saeed Akhter, President of the PKLI [Pakistan Kidney and Liver Institute and Research Centre]. “This includes use of dirty syringes, failure to screen blood before transfusion, use of unhygienic dental instruments, reuse of razor blades by barbers and poor infrastructure for infectious waste disposal.”

‘Hepatitis C is a bloodborne virus that can cause liver disease that ranges from a short, mild illness to a serious, lifelong condition...While there is no vaccine against hepatitis C, antiviral medicines can cure more than 95% of people with the disease.

‘Unsafe injections play a major role in transmitting hepatitis C. The Government of Punjab is the first province in Pakistan to address this issue by introducing a policy to ensure that 90 % of all syringes used in the health sector are auto-disable, meaning that they cannot be used more than once.

‘While prevention is key in the fight to eliminate hepatitis, access to testing and treatment is essential to saving the lives of those people already infected.

‘The collaboration of Government of Punjab with PKLI is a good example of public private partnership for the prevention and control of viral hepatitis. In just four months since this partnership has been developed, more than 10 000 patients have been tested for hepatitis B and C and, where needed, treated free of cost without discrimination. This programme, based on guidance from WHO and the US Centers for Disease Control and Prevention (CDC), is now being expanded to 25 districts across the province of Punjab.

¹⁶ Aga Khan University Hospital, ‘Heart, Lungs and Vascular’, undated, [url](#).

¹⁷ MedCOI, hypertension, BMA-10386, 2 December 2017

'[The] Government of Pakistan provides free diagnosis, treatment and care to hepatitis patients in all provinces through four Hepatitis Prevention and Control programmes. Hepatitis C patients now have free access to new oral medicines, thanks to work done by the National Technical Advisory Group of hepatitis experts, which has been instrumental in bringing down the cost of drugs for hepatitis C treatment to less than 1% of the cost paid in the USA.'¹⁸

- 8.1.2 A March 2016 Medecins Sans Frontieres (MSF) article, 'Pakistan: "When they are diagnosed with hepatitis C, patients think they will die"', stated:

'People struggle to be diagnosed and get access to treatment because of the high costs and the fact that care is centralised in hospitals, rather than at their local health centre. It is a significant health problem: it means that in a mega-city like Karachi, up to one million people are potentially infected.

'Médecins Sans Frontières (MSF) started its hepatitis C programme in Karachi in April 2015, where we runs a clinic in Machar Colony slum... We provide basic and emergency healthcare, including outpatient consultations, triage, stabilisation and referrals for emergencies. Labour and delivery support for pregnant women is also available, as well as antenatal and postnatal services.

'We decided to start treating hepatitis C in Machar Colony, not only because the health system is very poor in the area, but also because many people can't afford to be tested and treated. By providing care at a primary healthcare clinic, patients can have access to free diagnosis and quality treatment without having to go to a hospital far away from their home, which they often can't afford because of the cost of the transport. As it's a pilot project – MSF's first dedicated hepatitis C programme – this year we will have around 400 patients on treatment, which is obviously limited in comparison to the number of potential patients, but the aim is to show that this model of care can work and be replicated...

'There are some treatments available in Pakistan, but most of our patients can't afford them as they are quite expensive. As well, the treatment that is currently used in many places in the world, interferon, is very tough to go through. It requires several painful injections, more than 70, with a lot of heavy side-effects. It has an impact on the person's ability to live their life normally. They are weakened by the treatment, they don't feel well and are too weak to go to work. At the same time, they have to go to a clinic several times a week to receive their injections. It's very difficult and a lot of patients don't manage to complete their treatment. And even when patients do complete the treatment, there is a high treatment failure rate.

'New and much improved hepatitis C treatments have become available over the last two years, which can cure hepatitis C in as little as 12 weeks, and involve taking just one pill a day. With the new treatment we offer in our clinic, Sofosbuvir, which was registered a year ago in Pakistan, the side effects are less and patients can get back to their normal life very soon. There is a very high recovery rate. We really hope that the treatment will be

¹⁸ WHO, 'Pakistan tackles high rates of hepatitis from many angles,' July 2017, [url](#).

made available at reasonable price very soon. It's definitely a game changer in the care of patients affected with hepatitis C.' ¹⁹

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9. HIV/AIDS

- 9.1.1 As of 2015, an estimated 6.6% of adults and children were receiving anti-retroviral therapy among all adults and children living with HIV.²⁰ The Pakistan National AIDS Control Programme website stated that there were 30 anti-retroviral therapy (ART) centres in Pakistan, which provided diagnostic testing, hospital admissions, and 24/7 emergency treatment. At these treatment centres, ARV drugs were provided free of charge. The website also stated that the following ARV drugs were available in Pakistan: Efavirenz, lamivudine, tenofovir, zidovudine, kaletra, nevirapine, abacavir, raltegravir.²¹

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10. Kidney diseases

- 10.1.1 Reporting on kidney disease, 'The Nation' stated on 10 March 2017:
- 'Like other parts of the globe, World Kidney Day [WKD] was observed across the country including Lahore on Thursday to raise awareness about the importance of healthy kidneys...Urology and Nephrology departments of Lahore General Hospital arranged a symposium to mark the day... In Pakistan presently more than 20 million people are facing this disease. The basic awareness about kidneys is necessary for everyone, therefore media must play its role in this regard, [Prof. Ghias un Nabi Tayyab...] said.
- '[... the]... major reason for the kidney problems in Pakistan were diabetes and blood pressure...diabetes, blood pressure, infection, obesity were the factors which must be controlled to overcome kidney diseases...
- '[The] Nephrology department of Fatima Memorial Hospital [FMH] held a kidney camp to coincide with WKD. All the patients were clinically diagnosed and given free consultation by specialists in the field.
- 'To meet the growing needs of the patients, Fatima Memorial Hospital has been providing clinical evaluation of all kinds of kidney diseases and Heamo-dialysis to patients suffering from kidney diseases through its dialysis center operational since 2004.
- 'Most of the patients are dialyzed twice weekly which takes around 8 hours per week and certain dialysis machines have been dedicated exclusively for Hepatitis C patients.
- 'An average of 7,000 dialysis are done annually at FMH out of which 50 percent are either free of cost or at subsidized rates. The treatment is

¹⁹ MSF, '[...] "When they are diagnosed with hepatitis C, patients think they will die"', 9 March 2016, [url](#).

²⁰ WHO, 'Eastern Mediterranean Region Framework', (page 14), 2017, [url](#).

²¹ Pakistan National AIDS Control Programme, 'HIV Treatment Services', undated, [url](#).

expensive thus not affordable by most of the patients and the costs are borne by the hospital directly and through the generosity of philanthropists.

‘Free medical camps were also established at Shalamar Hospital and Shaikh Zayed Hospital where patients were provided free medicines.’²²

- 10.1.2 The Kidney Foundation provides a 2014 dialysis registry of Pakistan.²³ Kidney dialysis services are available at the Kidney Centre in Karachi, which has a dedicated dialysis unit²⁴.

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11. Liver transplants

- 11.1.1 A March 2018 ‘Express Tribune’ article, ‘PIMS’ [Pakistan Institute of Medical Sciences] dormant liver surgery, transplant unit gets oriental boost,’ stated:

‘A group of Chinese surgeons have agreed to conduct liver transplants in the capital apart from training the staff of a hospital, thereby helping revive a transplant unit at the facility which had been lying dormant for the past five years.

‘This was agreed on during the visit of a Chinese medical delegation to the Pakistan Institute of Medical Sciences (Pims). The surgeons agreed to train staff of the hospital including surgeons, nurses, paramedics and anaesthesia staff so that the liver transplant centre at the hospital, which has not been operational for the past five years due to acute shortage of trained surgeons and other supporting staff, can start working.

‘The liver transplant facility at Pims, under the unit for Hepatobiliary Surgery and Organ Transplant, was established in 2010 through a time grant of Rs238 million by the then prime minister Yousaf Raza Gillani under guidance from professions at the Royal Free Hospital in London.

‘It carried out its maiden transplant in 2012. But with the operation reportedly unsuccessful, the facility had been mothballed ever since despite the huge demand.

“‘The machines and equipment in the centre have been lying idle since we do not have the relevant expertise and trained human resource to carry out successful procedures,” lamented Pims Executive Director Dr Amjad Mehmood...

‘Earlier in 2016, the hospital tried to hire trained liver transplant surgeons, hepatologist, anaesthetist, and intensive care specialists from the Shifa International Hospital [SIH] on prevailing market rates. A summary was forwarded to the prime minister but it could not get his nod.

‘Currently, the SIH is the only facility which offers liver transplant facility in the capital. However, it is believed to cost around Rs3 million.

²² ‘Nation’, ‘20m facing kidney disease in Pakistan’, 10 March 2017, [url](#).

²³ Kidney Foundation, ‘Dialysis Registry of Pakistan’, 2014, [url](#).

²⁴ The Kidney Centre, 197/9, Rafiqui Shaheed Road, Karachi, undated, [url](#).

‘Previously, patients used to seek treatment in India. But due to strained ties between Islamabad and New Delhi, the visas dried up. This has forced patients to seek out other options such as China.’²⁵

- 11.1.2 Pakistanis who need liver transplants often go to India to have surgery, as noted in ‘The Print’ report, ‘This Indian doctor is using “surgical strikes” to cure Pakistan’s liver troubles’, dated 19 March 2018:

‘Indian liver transplant surgeon Dr Subhash Gupta is set to visit Karachi with his team this month to perform liver transplants at the Dow University of Health Sciences (DUHS).

‘Gupta, chairman of the Max Centre for Liver and Biliary Sciences, is expected to perform “three to four liver transplant surgeries at the Ojha campus of DUHS”, according an announcement made by the vice-chancellor of the university, Prof. Saeed Quraishy, at a medical conference organised by the Pak GI and Liver Diseases Society (PGLDS).

‘The senior Indian surgeon will also be training a team of Pakistani surgeons to impart skills to perform complicated surgery locally without foreign supervision...

‘Professor Quraishy stressed on the need to control Hepatitis C in Pakistan, as it is still claiming many lives. He said Karachi’s health sector faces a lack of trained human resources, due to which a large number of patients have to go out of the country for liver transplants, according to a report in the Express Tribune newspaper.

‘Around 700-800 Pakistani patients go abroad for liver transplants every year, at a total cost of up to \$4 million, the Dawn newspaper quoted liver transplant experts at Islamabad’s Shifa International Hospitals as saying.’²⁶

See also [Hepatitis](#).

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12. Malaria

- 12.1.1 A ‘Dawn’ report, ‘WHO complains about anti-malaria challenges’, dated 4 March 2018, stated:

‘The World Health Organisation has complained about challenges in the fight against malaria in Pakistan, especially in Fata [Federally Administered Tribal Areas] and Balochistan, where 80 per cent of the nationwide mosquito-borne disease’s incidence is reported.

“‘Malaria is totally preventable but a lack of awareness has been the main reason for its growing incidence in the country,” WHO country representative Dr Mohammad Assai Ardakani told Dawn...

‘The WHO country representative said the organisation had launched family practices approach in Haripur and Swabi districts of Khyber Pakhtunkhwa to ensure the people’s access to treatment at primary health facilities to prevent major diseases...

²⁵ ‘Express Tribune’, ‘PIMS’ dormant liver surgery, transplant unit gets oriental boost,’ 22 March 2018, [url](#).

²⁶ ‘The Print’, ‘This Indian doctor is using “surgical strikes” [...]’, 19 March 2018, [url](#).

‘Dr Ardakani said the initiative would be launched in 12 districts across Pakistan, which was the largest country among WHO Emro region and its health indicators had an impact on the whole region.

‘He said the measures were aimed at improving the quality of care at primary level and dealing with the high burden of diseases.

‘The WHO country representative said the organisation had imparted training to two doctors in family practices in Iran, where the system had been successfully implemented.

‘He added that the system would be replicated in all districts of the province as the health department had requested to strengthen its primary health delivery system.’ ²⁷

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13. Mental health

- 13.1.1 The WHO ‘Mental Health Atlas 2014’ stated that there were 5 mental hospitals in Pakistan with 344 residential care facilities, and in general hospitals, there were 654 psychiatric units. The number of mental health beds was 2.1 per 100,000 of the population. The total number of mentally ill inpatients was 104,059²⁸.
- 13.1.2 In a response to a questionnaire cited in the Belgian Desk on Accessibility’s Country Fact Sheet on Pakistan of June 2015, a local contact observed that: ‘... there are no truly specialized institutions for the treatment of mental disorders. Psychiatrists and psychologists can be contacted in tertiary care and in private healthcare. Medication can be bought easily... psychiatric patients are discriminated but [there is no...] further explanation [of how].’ ²⁹
- 13.1.3 A BBC News report, ‘Why Pakistan’s poor seek mental health cure at shrine,’ dated 29 September 2016, stated:
- ‘More than 15 million people in Pakistan suffer from some form of mental illness, according to the latest estimate by the Pakistan Mental Health Association.
- ‘But there are only five government-run psychiatric hospitals for a population of 180 million. And there are fewer than 300 qualified psychiatrists practising in Pakistan.’ ³⁰
- 13.1.4 A 2015 International Journal of Emergency Mental Health and Human Resilience article, ‘Mental Health Pakistan: Optimizing Brains’, stated:
- ‘Mental health is the most neglected field in Pakistan where 10-16% of the population, more than 14 million, suffers from mild to moderate psychiatric illness, majority of which are women.
- ‘Pakistan has only one psychiatrist for every 10,000 persons suffering from any of the mental disorders, while one child psychiatrist for four million children, who are estimated to be suffering from mental health issues. Only

²⁷ ‘Dawn’, ‘WHO complains about anti-malaria challenges’, 4 March 2018, [url](#).

²⁸ WHO ‘Mental Health Atlas 2014’, Pakistan Country Profile, [url](#).

²⁹ MedCOI – Belgian Desk on Accessibility. Country Fact Sheet, 3 June 2015 (copy on request)

³⁰ BBC News, ‘Why Pakistan’s poor seek mental health cure at shrine,’ 29 September 2016, [url](#).

four major psychiatric hospitals exist for the population of 180 million and it is one [of] the major factors behind increase in number of patients with mental disorders...

'In Pakistan, [the] majority of the psychiatric patients go to traditional faith healers and religious healers who believe that mental illness is caused by supernatural forces such as spirit possession or testing by God...

'There is also no political will and no proper mental health policy in Pakistan. All this adversely affects the integration of care delivered by government health care professionals for patients with mental illnesses. Major mental disorders in Pakistan are depression (6%), schizophrenia (1.5%) and epilepsy (1-2%)...

'Mental disorders are among the risk factors for communicable and non-communicable diseases. They can also contribute to unintentional and intentional injury. At the same time, many health conditions increase the risk for mental disorder for example obesity has been associated with significant increase in depression. Stigma about mental disorders and discrimination against patients and families prevent people from seeking mental health care.

'Pakistan, among the other developing countries, has a higher prevalence rate of depression because of the current social adversities...

'Lahore has the highest number of depressives that is 53.4% as compared to Quetta (43.9%) and Karachi (35.7%). The current situation in Pakistan along with other basic health problems, the social upheaval, political instabilities, lawlessness, terrorism, economic disparity, problems with security, safety, gas and electric load shedding, escalating prices of petrol, gas, and other basic necessities of life has created a ground fertile for depression which has almost taken the first position among all the psychiatric conditions.'

- 13.1.5 MedCOI reported the following anti-depressant drugs to be available: Amitriptyline, citalopram, duloxetine, trazodone³², sertraline, venlafaxine³³, mianserin, mirtazapine.³⁴

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14. Musculoskeletal conditions

- 14.1.1 The Aga Khan University Hospital in Karachi had facilities to treat people with bone, joint, ligament, tendon, muscle and nerve diseases, and injuries that caused pain and affected mobility. The hospital's team of doctors, surgeons and nurses specialised in orthopaedics, rheumatology and sport medicine. The hospital provided treatment for broken bones, fractures, sport injuries, rheumatic diseases and muscular skeletal diseases, and performed knee and hip replacement surgery.³⁵

³¹ International Journal of Emergency Mental Health and Human Resilience, 2015, [url](#).

³² MedCOI, psychiatry, BMA-9642, 15 May 2017

³³ MedCOI, psychiatry, BMA-9636, 11 May 2017

³⁴ MedCOI, psychiatry, BMA-10415, 21 December 2017

³⁵ Aga Khan University Hospital, Karachi, 'Musculoskeletal and Sports Medicine', undated, [url](#).

15. Neurological conditions

- 15.1.1 The Doctors Hospital in Lahore had a wide range of specialist neurological services and specialists. The hospital had facilities to treat people with parkinson's disease, neuromuscular conditions, multiple sclerosis, epilepsy, and those who have had strokes. The hospital also performed nerve conduction studies, electromyography and EEG tests.³⁶
- 15.1.2 A MedCOI response to an information request stated that there were neurologists and medical specialists in Pakistan who treated people with epilepsy. There were also facilities that provided EEG diagnostic imaging. Valproic acid, clorazepate, clobazam, diazepam and midazolam were available in Pakistan to treat epilepsy.³⁷

16. Organisation of the healthcare system

- 16.1.1 The European Asylum Support Office (EASO) Country of Origin Information report, 'Pakistan Country Overview,' published in August 2015, stated:
- 'Private hospitals, clinics, diagnostic laboratories, and modern pharmacies have proliferated in Pakistan's increasingly commercialised health sector. Due to this commercialisation approach, health services for the poor have become limited. Most public medical institutions are short of qualified personnel, medication and medical supplies. The majority of Pakistanis resort to private healthcare. Primary health care services are poor, especially in rural areas. More than 65 % of the rural population is denied access to basic health facilities and quality services. Health care is primarily the responsibility of the provincial authorities, except in the FATA [Federally Administered Tribal Areas] where it is the responsibility of the Federal government. Health care services in Pakistan can be provided on all levels, both in the public and the private sector. Health care is organised in a) primary, b) secondary, and c) tertiary care. Primary health care (PHC) in the public sector is provided by Basic Health Units (BHU), providing basic ambulatory care; Rural Health Centres (RHC), providing slightly more extensive ambulatory care (2 or 3 specialisations) as well as hospitalisations (e.g. appendicitis, maternity care); Tehsil Headquarter Hospitals (THH), providing ambulatory care and hospitalizations in various specialisations. Patients are referred from BHU level to RHC or THH. Secondary care is provided in District Headquarter Hospitals (DHH). These hospitals provide the whole range of outpatient and inpatient care. They also have an emergency unit as well as a laboratory for tests, and a blood bank. DHH are able to perform complicated operations. Schools for nursing and paramedical staff are attached to these hospitals. The tertiary sector (highly specialised care) is a sector at the academic level. The hospitals are attached to universities, faculties and other educational institutions. These

³⁶ Doctors Hospital, Lahore (neurological services), undated, [url](#).

³⁷ MedCOI, epilepsy, BMA-9625, 6 May 2017

hospitals must have a minimum of 100 to 500 beds. All the various disciplines are available at this level.’³⁸

- 16.1.2 The World Health Organization (WHO) noted that: ‘Pakistan has a relatively large primary health care infrastructure. This includes 5000 basic health units, 600 rural health centres, 7500 other first-level care facilities and over 100 000 lady health workers providing services across Pakistan. These primary health care services are supported by a network of 989 secondary care hospitals, at tehsil [district sub-division] and district levels, for referrals.’³⁹
- 16.1.3 In 2015 there were 9.6 physicians and 4.9 nurses and midwives per 10,000 population⁴⁰; in 2011 there were 0.19 psychiatrists working in the mental health sector per 100 000 population⁴¹.
- 16.1.4 WHO also noted: ‘Lady health workers deliver a range of services related to maternal and child health including promoting childhood immunization, growth monitoring, family planning and health promotion. They treat minor ailments and injuries and are trained to identify and refer more serious cases.’⁴²
- 16.1.5 Médecins Sans Frontières (MSF) noted in its profile on Pakistan for 2016: ‘Access to healthcare remains a challenge in Pakistan, especially for people in isolated rural communities, urban slums and areas affected by conflict. Healthcare for women and children is a serious concern: women in rural areas die from preventable complications during pregnancy and delivery, and neonatal care is unavailable in many areas.’⁴³
- 16.1.6 The Australian Department of Foreign Affairs and Trade (DFAT) ‘Country Information Report - Pakistan’, dated 1 September 2017, stated:
- ‘Healthcare in Pakistan is generally free and accessible to all Pakistanis, but the quality of healthcare often suffers from a lack of funding and limited capacity...
- ‘Under the 18th Amendment to the Constitution, passed in 2010, provincial governments are responsible for healthcare. Health care services vary between urban and rural areas because of difficulties associated with access and infrastructure in remote locations. While private healthcare providers tend to provide better quality services, access to these services is limited by their higher costs. Many religious (Islamic and Christian) and secular charities also provide emergency relief, education and health services. These groups generally focus on the specific needs of their community or sect.’⁴⁴
- 16.1.7 The World Health Organisation (WHO) stated in its ‘Pakistan Profile for 2015’:

³⁸ EASO, ‘Pakistan Country Overview,’ (page 38), August 2015, [url](#).

³⁹ WHO, ‘Pakistan: Primary and secondary health care’, undated, [url](#).

⁴⁰ WHO, ‘Eastern Mediterranean Region Framework’, (page 11), 2017, [url](#).

⁴¹ WHO, ‘Pakistan health profile 2015’, (page 27), 2016, [url](#).

⁴² WHO, ‘Pakistan: Primary and secondary health care’, undated, [url](#).

⁴³ MSF, ‘Where we work – Pakistan’, 2016, [url](#).

⁴⁴ DFAT, ‘Country Information Report – Pakistan’, (paragraphs 2.15 and 2.16), [url](#).

‘Access to medicines is very poor; two-thirds of the population lack access to essential medicines and the remainder are subjected to non-evidence-based procurement and supply chain management that leads to over- or under-stocking of key medicines; non-robust, price-based selection methods which have been found to pay up to twice the market price for essential medicines; and unsatisfactory storage facilities. Non-availability of essential medicines is one of major reasons for the low utilization of public health care facilities.’⁴⁵

- 16.1.8 The British and US foreign missions in Pakistan have compiled lists of medical facilities and practitioners, primarily for the assistance of British and US nationals:
- [US Embassy, Islamabad](#)
 - [US Consulate, Karachi](#)
 - [British High Commission, Islamabad, and Deputy High Commission, Karachi](#)
- 16.1.9 The [Pakistan Medical and Dental Council](#) has a facility on its website to search for specialists and doctors by district and medical specialisation.

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17. Paediatrics

- 17.1.1 An ‘Outlook Pakistan’ article, ‘World’s biggest children hospital in Lahore’, dated 10 July 2017, stated:

‘Despite, [a] lack of facilities and technology in the country, the indoor block of the children[s] hospital of Lahore has been started functioning, making it the world’s biggest hospital for kids.

‘All the modern medical facilities have been installed in the hospital for the little patients ...

‘The indoor block has about 683 beds reaching the total amount of the beds in the hospital to 1100.

‘In the new block, Intensive Care Units (ICUs) have been made, all with the modern equipment.

‘About 16 operation theaters and ventilators with 85 beds are also the part of the newly formed block.

‘The budget of 2 billion rupees has been expended on building the block, making it world’s biggest children hospital.

‘Both severely ill and healthy ones visit the hospital; the healthy children come to the hospital for the growth development and proper immunizations.

‘Also, 450 doctors, 600 nurses and 900 paramedics have been appointed in the new.

‘To keep the proper care of hygiene, the system of sterilization and laundry has been developed.

⁴⁵ WHO, ‘Pakistan health profile 2015’, (page 28), 2016, [url](#).

‘The establishment of this new block is undoubtedly a great addition to the health sector and will provide the citizens with good medical treatment.’⁴⁶

- 17.1.2 The Aga Khan University Hospital runs a children’s hospital which provided a wide range of medical care services, as explained in its website:

‘The Children’s Hospital Service Line at the Aga Khan University Hospital is committed to providing quality medical care to children from birth to 18 years. Our paediatricians (doctors specially trained in treating children) and paediatric nurses (nurses specially trained in caring for children) are unique in the country because they are highly qualified and experienced in all the major specialized child diseases and conditions.

‘Our major child specialties include but are not limited to: cardiopulmonary (heart and lungs), neurosciences (brain, spine, nerves) and child development, gastroenterology (digestion and stomach), nutrition (healthy diet), endocrinology (metabolism, glands and hormones), nephrology (kidney), genetics (gene variations), foetal and neonatal (unborn and early new born problems) and infectious diseases.

‘The Aga Khan University Hospital is amongst the few hospitals in the region that offers Echocardiograms (pictures of the heart) for the diagnosis and management of cardiac diseases in the foetus (unborn child), newly born children, infants and young children. The Hospital has a team of paediatric cardiologists, cardiothoracic surgeons, paediatric intensive care specialists and specialized paediatric nurses who can provide treatment and care for children with heart related diseases.

‘The Children’s Hospital also has a team of genetic specialist doctors and nurses who treat children with suspected or proven genetic conditions, inborn errors of metabolism and various syndromes such as Down syndrome, Marfan syndrome and Fragile X syndrome. The Service Line can provide genetic counselling for hereditary conditions, recurrent miscarriages and a history of foetal death.

‘Our Paediatric Neurologists are specialized in treating children with brain and spine conditions. They offer special programs to help educate parents and families about their child’s disorder and how to provide appropriate on-going care and support.

‘The doctors of the Children’s Hospital have adopted a multidisciplinary medical approach to help address the unique needs of every child through tailored treatment plans developed for every child.’⁴⁷

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18. Support for children with speech and language difficulties

- 18.1.1 The Lahore Children’s Centre provides support services for children with speech and language difficulties. Its website stated:

‘Treatments

⁴⁶ ‘Outlook Pakistan’, ‘World’s biggest children hospital in Lahore’, 10 July 2017, [url](#).

⁴⁷ Aga Khan University Hospital, ‘Children’s Hospital’, undated, [url](#).

‘At The Lahore Children’s Centre, we address children’s speech production, vocal production, swallowing difficulties and language needs through therapy. Treatments range from physical strengthening exercises, instructive or repetitive practice to the use of audio-visual aids and the introduction of strategies to facilitate functional communication. Our service is provided in the form of assessments, reviews, programmes and regular or intensive therapy input. International research has shown that early intervention is very effective. Communication programmes can be established and demonstrated to parents and carers so that goals can be integrated into all environments.

‘Augmentative systems

‘To support our approach of total communication: augmentative systems such as signing, The Picture Exchange Communication System (PECS) and visual schedules are introduced when required. All Lahore Children’s Centre therapists are fully qualified with many having years of experience. Our visiting therapists from UK meet the exacting standards of the Royal College of Speech and Language Therapists (RCSLT) and are registered with the Health Professional Council. Our therapists also work with older children and teenagers. These sessions may focus on difficulties in phonological awareness skills for literacy, comprehension, expressive use of language and mind-mapping. Our very successful study skill sessions introduce strategies to build higher-level language skills.

‘Children attending the Centre have a range of different conditions including speech difficulties, voice disorders, stammering, attention deficits, weaknesses in receptive and expressive language, literacy difficulties, and social communication impairments including Autistic Spectrum Disorders.

‘The Lahore Children’s Centre provides specific intervention programmes for children with a wide range of learning difficulties and special educational needs.

‘Therapy

‘Therapy is available on an individual basis or within small groups. Some children may benefit from a combination of both individual and group therapy. School and home based therapy sessions are also provided. Our special early years groups are for young children with communication difficulties and provide a multidisciplinary approach with speech and language therapy, physiotherapy and occupational therapy as an integral part of these sessions as required.

‘Group sessions

‘Group sessions last from one to two hours and some children attend more than once a week. These sessions are highly structured and follow specific needs-led programmes. We often find that many children make better progress if they receive speech and language therapy within a small group setting as skills targeted are consolidated in a more realistic environment. These sessions are run by a senior speech and language therapist and either a speech language therapy assistant or another speech and language

therapist. Our therapy assistants provide support to children in nursery or school placements under the guidance of a qualified therapist.’⁴⁸

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19. Tuberculosis (TB) and other lung diseases

19.1.1 MedCOI stated that there were lung disease and tuberculosis (TB) specialists available in Pakistan. The following antibiotics used to treat TB were available: amikacin, linezolid, para-aminosalicylic acid, and moxifloxacin hydrochloride.⁴⁹ MedCOI also stated other antibiotics to treat TB, available in Pakistan, were ethambutol, isoniazid, pyrazinamide and rifampicin.⁵⁰

19.1.2 The Country Fact Sheet Pakistan 2015 produced by the Belgian Desk on Accessibility and on the MedCOI website stated:

‘There are several hospitals that take TB-patients on.

‘The Indus hospital has a Tuberculosis Control Program. The Indus hospital is recognized as a regional and global resource for TB control. They have sites in Karachi, Hyderabad, Kotri and Quetta.

‘They say about their programme:

“‘The Indus Hospital’s DR-TB Program is unique as it provides patients with free diagnosis, consultation, medication, and addresses as many of their social needs as is possible. Our social support program includes professional patient counseling, household food and nutritional support, monthly travel allowance to treatment centers, screening of household contacts for TB, daily home visits by treatment supporters to monitor drug compliance and to provide ongoing psychological and social support during the 2-year long treatment that averages between USD 9,000 -11,000 per patient.”

‘Another hospital is the Bakhtawaramin Memorial Hospital. They provide also free anti TB therapy to ‘deserving’ patients.’⁵¹

19.1.3 A ‘Business Recorder’ report, dated 13 June 2016, stated:

‘An acute shortage of tuberculosis (TB) drugs in Pakistan has now entered the seventh month and is adding to the misery of thousands of TB patients across the country, and posing serious risk of rapid rise in TB prevalence in Pakistan.

‘... currently there are 5 persons among every 1000 in Pakistan that are afflicted with TB. The annual death rate is 38 per 100,000, which corresponds to 68,400 TB related deaths in Pakistan with the numbers of TB deaths expected to soar to 420,000 by the year 2020.

“‘There are four front line drugs to fight TB, Isoniazid(H), Rifampicin(R), Pyrazina-mide(Z), Ethamb-utol(E) and Streptomycin(S). If any one of these drugs is not taken, the treatment will have no affect. In the prevailing

⁴⁸ Lahore Children’s Centre, ‘Speech and language therapy’, undated, [url](#).

⁴⁹ MedCOI, antibiotics for tuberculosis, BMA-10975, 31 March 2018

⁵⁰ MedCOI, antibiotics for tuberculosis, BMA-9702, 7 June 2017

⁵¹ MedCOI – Belgian Desk on Accessibility. Country Fact Sheet, 3 June 2015 (copy on request)

circumstances this could cause multi-drug resistant-TB strains. Irregular use of medicines is a major risk factor for rise of multidrug-resistant TB strains, the treatment of which is not only long and costly, but also painful," said Dr Javed, head of Pulmonology at the Agha Khan University Hospital.

"Shortage of TB drugs were first witnessed some 6-months back, but during the last 2-months the situation today is gravely critical. Letters were sent to the Health Ministry and Drug Regulatory Authority (DRA), but without any reply. Later, a letter was addressed to the Supreme Court of Pakistan, on which its Human Rights Cell took notice and sought answers from the Health Ministry / DRAP and pharmaceutical companies," added Dr Javed...

'Pakistan currently is ranked 8th among TB stricken nations, and if the shortage of TB drugs continues it will be the biggest health crisis in Pakistan with the lives of countless patients at risk, and with alarmingly high prevalence of multi-resistant TB strains in the country.'⁵²

19.1.4 The Aga Khan University Hospital website stated that its:

'Pulmonary and Critical Care Services are equipped with the state-of-the-art diagnostic and treatment facilities for patients with pulmonary diseases and those who need critical care. Patients can rely on our highly qualified pulmonary and critical care doctors, surgeons, nurses and technicians to manage simple to complex cases. These include, but are not limited to, asthma, allergies, bronchitis, tuberculosis, pneumonia and cancer.'⁵³

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⁵² 'Business Recorder', 'Pakistan: Acute shortage of TB drugs prolongs', 13 June 2016, [url](#).

⁵³ Aga Khan University Hospital, 'Heart, Lungs and Vascular', undated, [url](#).

Terms of reference

A 'Terms of Reference' (ToR) is a broad outline of what the CPIN seeks to cover. They form the basis for the [country information section](#). The Home Office's Country Policy and Information Team uses some standardised ToRs, depending on the subject, and these are then adapted depending on the country concerned.

For this particular CPIN, the following topics were identified prior to drafting as relevant and on which research was undertaken:

- Organisation of the healthcare system
- Medical conditions
 - Cancer
 - Dental treatment
 - Diabetes
 - Eye conditions and diseases
 - Gastroenterological conditions
 - Gynaecological conditions
 - Heart disease
 - Hepatitis
 - HIV/AIDS
 - Kidney diseases
 - Liver transplants
 - Malaria
 - Mental health
 - Musculoskeletal conditions
 - Neurological conditions
 - Paediatrics
 - Support for children with speech and language difficulties
 - Tuberculosis (TB) and other lung diseases

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Version control

Clearance

Below is information on when this note was cleared:

- version **2.0**
- valid from **1 August 2018**

Changes from last version of this note

Second version.

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