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STATUS OF MEDICAL RESEARCH IN PAKISTAN

by

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After independence in August 1947, Pakistan, a vast country with 100 million population in two wings (East and West Pakistan) separated by 1 000 miles of distance, faced problems of shortage of medical personnel and especially teaching institutions. Starting from two institutions, one in each wing, in 1947, this primary fundamental shortage has to-day been solved to a significant extent by the establishment of twelve medical institutions, six in each wing, taking 50 to 150 students a year per college, and giving a graduate degree (M.B.B.S.) on the pattern of the British Commonwealth education with some improvement in the course of pre-clinical studies. Most of these institutions are fairly well staffed with post-graduate degree holders of UK and some of USA.

However, the medical and paramedical personnel are still too few in number to meet the gigantic problem of public health of such a vast country, with diversified problems of epidemic and endemic diseases, malnutrition and population explosion.

To meet the increasing demand of post-graduate teaching staff, and more particularly to render proper practical training during their post-graduate training period, two post-graduate medical centres have been established, one in each wing; the curriculum in these centres has been planned in such a way that the candidate, a future teacher in the medical field, must be associated with research work during studies in basic subjects and show proficiency in surgical skill by doing 100 operations under direct supervision of the professorial team before he is allowed to enter the examination of F.C.P.S. and College of Physician and Surgeon, established in 1962 by the dynamic President of Pakistan, Mohamed Ayoub Khan. We have just had the first examination of the first part of the F.C.P.S. If we succeed in this experiment the teachers of our future professors would definitely be better.

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both in regard to teaching and research, than the present group who very rarely have the facilities or the time for organized research. Most of us, like other developing countries of the world, are extremely busy in doing routine work in the institutions or hospitals, each of which serves not only for acute and emergency problems but also for chronic infections (except cholera and pox), rehabilitation and other social factors in addition to teaching, thus leaving little time for research pursuits. Most of the staff of these institutions are also the important private practitioners of the country.

In 1953 the Pakistan Medical Research Council was formed under the Charimanship of the Director General of Health Services. Until 1958 the Council used to give financial aid to any professor or departmental head who asked for a grant for any research project under his guidance, and about 150 such requests for projects on clinical research were granted on various problems as coronary heart disease, cor-pulmonale, hypertension, rheumatic fever, renal calculus, biliary infection and stone, pulmonary eosinophilia, diabetes mellitus, hookworms, allergy, haemoglobinopathies, electrophoretic pattern of serum protein, incidence of cancer, diagnostic and therapeutic use of radiation and isotopes, industrial hazards, etc.

The research work and demands, although increasing in volume, could not until now be really productive according to need of national problems.

The President of Pakistan set up various reform commissions with experts from developed countries of the world, such as Education Reform Commission, Science Reform Commission, Medical Reform Commission, etc., and the Pakistan Research Council was reconstituted with autonomy, the 20 members being selected by the two provincial governments, universities, Defence Medical Organization and the Central Government Institution, and the Chairman being selected by the President himself. A National Science Council was constituted with the five Chairmen of the following Councils: Scientific and Industrial Research Council, Atomic Research Council, Food & Agriculture Research Council, Housing Council, and Water and Power Research Council. Recently a Scientific and Technology Department has been established with a scientist as Joint Secretary directly under the President; this is a great milestone in the field of research in Pakistan to coordinate and stimulate research in the various fields for effective endeavour for the solution of national problems.

The Ministry of Health in collaboration with the World Health Organization has taken up research on some very important national health problems such as malaria eradication campaign, tuberculosis survey and service, cholera at the SEATO Cholera Research Laboratory, and public and school health at Dacca. A national health laboratory is being set up at Islamabad, the capital of Pakistan, costing 80 million rupees. A laboratory for vaccinations of different types and a Nutrition Research Laboratory have already started to function. A national nutrition survey has just been completed in East Pakistan under the auspices of the Ministry of Health with the collaboration of the University of Dacca and N.I.H., Bethesda, USA.

Of the many other research works which are being carried out in the country the following should be mentioned: tuberculosis survey by the National Tuberculosis Association, the Pakistan Medical Research Centre which is organized in collaboration with Maryland University, USA, Heart Institute with N.I.H., USA, mental retardation P.K.U. research with the UK, and Cancer Research Institute at the Post-Graduate Medical Centre, Karachi, where the writer had the great privilege of serving as Professor of Medicine for the past year.

Although so much is being done in the field of medical research in Pakistan, as Chairman of the Pakistan Medical Research Council, the writer really feels that the Council has not yet been able to do justice to the responsibility vested in it regarding the diversified problem in the field of public health of the country. The reason is obvious. The writer is of the opinion that, although the conception of research must originate from professors of medical schools and well-planned research must be carried out under the guidance of professors of institutions and universities, research workers must be full-time personnel working in well-planned laboratories where they may continue whole-heartedly in their pursuits, fundamental or applied, according to the need of their problems instead of carrying out routine duties of the academic institutes or emerging clinical problems. The Pakistan Medical Research Council established two small Institutes, under the name of medical research centres, one in Dacca and one in Lahore, but because of lack of a research scheme, not infrequently the research work is unable to continue for very long and research projects have to be abandoned to the detriment of the whole research endeavour. The Council could keep only about a dozen staff

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in the two Medical Research Centres for the past four years, but it is hoped in the future to provide a permanent scheme for the research workers with security of service and the same privileges, if not better, as workers in other fields.

Finally, the writer wishes to express his sincere hope that there will be a further chance to discuss the status of medical research in the WHO Eastern Mediterranean Region for the wider benefit of the ailing humanity.