

ORDER SHEET
IN THE HIGH COURT OF SINDH BENCH AT SUKKUR
Const. Petition No.D-**965** of 2025

DATE OF HEARING	ORDER WITH SIGNATURE OF JUDGE
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Present:-

Mr. Justice Zulfiqar Ali Sangi,
Mr. Justice Riazat Ali Sahar,

Hearing of case

- 1. For orders on office objections at flag 'A'
- 2. For hearing of main case

09.10.2025

Mr. Gulzar Almani, Advocate/petitioner present
Mr. Ali Raza Baloch, Additional Advocate General Sindh along with
Rehan Iqbal Baloch, Secretary to Government of Sindh, Health
Department.

Zulfiqar Ali Sangi, J:- The petitioner, invoking the constitutional jurisdiction of this Court under Article 199 of the Constitution of the Islamic Republic of Pakistan, 1973, seeks directions to the Government of Sindh for the establishment of a NICVD **facility in Moro City Taluka Moro of Sindh Province**, particularly in to ensure access to cardiac care for all citizens. The petition also brings to light several serious issues concerning the functioning of the Health Department, including **misappropriation of funds and medicines, absenteeism of doctors, shortage of essential medical equipment**, and lack of effective monitoring and accountability mechanisms. The petitioner contends that cardiac-related deaths are rapidly increasing across Sindh due to the **non-availability of cardiac emergency units** in most talukas of Sindh. He states that only a few urban centers such as Karachi, Sukkur, Larkana, and Hyderabad have NICVD or SICVD facilities, whereas patients from remote areas are left to suffer without immediate care.

2. The petitioner further alleges that the funds earmarked for public health are being **diverted or misappropriated**; that **Medicines supplied to government hospitals are siphoned off and sold** in the open market; that **Doctors posted in rural and taluka hospitals remain absent** and operate private clinics during duty hours; that **Most government hospitals lack basic diagnostic and life-saving equipment**, forcing poor citizens to seek expensive private treatment. Thus he prays that appropriate **directions be issued to the Government for establishing SICVD units in every taluka of Sindh**, ensuring transparency, accountability, and provision of medical facilities as guaranteed by the Constitution.

3. Pursuant to the Court's direction, the District Health Officer, Naushahro Feroze, filed comments. In reply to the contents of paragraph 2 of the petition, he submitted that there are five (5) Talukas in District Naushahro Feroze where health facilities are provided. However, he admitted that no NICVD center is established in District Naushahro Feroze, and only one Chest Pain Unit is functioning at RHC Bhiria City, which is being run under the administrative control of NICVD. The District Health Officer further submitted that he is not the competent authority for the sanction, construction, or establishment of NICVD centers. Thereafter, the learned Additional Advocate General was directed to obtain instructions from the Secretary Health regarding the possibility of establishing a Chest Pain Unit at Moro, similar to the one in Bhiria City. The Secretary of the Health Department filed his response, stating that, in compliance with the order dated 08-04-2025, the Department had written a letter to the Executive Director, Sindh Institute of Cardiovascular Diseases (SICVD), Karachi, requesting details regarding the possibility of establishing a Chest Pain Unit at Moro City. He further submitted that the establishment of Satellite Centers, Hospitals, and Chest Pain Units (CPUs) for heart diseases falls within the mandate of the Sindh Institute of Cardiovascular Diseases, as per the SICVD Act, 2018. The Secretary Health also placed on record the response received from the Sindh Institute of Cardiovascular Diseases, Karachi.

4. In the response of the Sindh Institute of Cardio Vascular Disease submitted through the Secretary Health and as reproduced by him in the comments it is mentioned that the SICVD has already established a chest pain unit in District Naushero Feroze which is located in Bhiria City and was inaugurated on January 3, 2024 and situated approximately 40 Kilometers from Moro City. After such a response the Secretary Health was called in person to explain. Today the Secretary Health present and face several queries of the court in respect of certain issues faced by the poor peoples at Government established Hospital which includes; misappropriation in the funds; un-availability of proper medicine in hospitals especially in remote areas; un-availability of proper equipment in the Hospitals; Absence of doctors from the duty at their duty hours; Running of private hospitals by the doctors who are Government employees; Sale and purchase of Government medicine which is provided at hospitals for distribution amongst the poor patients in the open market. The Secretary Health half-heartily conceded the lapses available

in the department and undertakes that he will look in to the all aspects pointed out by the court. Upon the Court's query, it was revealed that the incumbent Secretary Health neither possesses a background in medicine nor holds any prior acquaintance with the working or administrative framework of the Health Department. It is, therefore, a matter of grave concern that such a pivotal department is being overseen by an officeholder who lacks the requisite technical knowledge and understanding essential for the effective discharge of its functions. **We do not consider the Secretary, Health Department, Government of Sindh, to be a suitable or competent individual to hold such a sensitive and pivotal position, particularly one that directly concerns the health and well-being of the citizens.** Today's report furnished by the Secretary Health reflects that total 28 SICVD units are established by the Government in the entire Sindh and from those 18 are situated in Karachi.

5. It has further been observed that the **1000 Days Integrated Health and Population Project**, funded by the World Bank and Islamic Development Bank under the Sindh Human Capital Investment Initiative, has been marred by severe administrative negligence and corruption within the Health Department. Despite three years having elapsed, no tangible progress or fund utilisation has occurred, pushing the project towards donor cancellation. The Secretary Health is alleged to have withheld cancer patient files, delayed central procurement, and fostered a culture of kickbacks through the MP&I Cell, leading to medicine shortages and resurgence of diseases such as polio. The practice of centralising all ADPs and SNEs under the Secretary's control has further enabled rent-seeking and deprived hospitals of autonomy.

6. It is well-settled that the **right to health** forms an integral part of the **right to life under Article 9 of the Constitution**. The Supreme Court in *Benazir Bhutto v. Federation of Pakistan* (PLD 1988 SC 416) and *Ms. Shehla Zia v. WAPDA* (PLD 1994 SC 693) expanded the interpretation of Article 9, holding that the right to life includes all such amenities and conditions which make life meaningful, including healthcare and medical treatment. Similarly, in *Dr. Mubashir Hassan v. Federation of Pakistan* (PLD 2010 SC 265), the Apex Court held that the **State is under a constitutional obligation to safeguard public welfare and ensure provision of health facilities** to its citizens. It is observed that substantial budgetary allocations, **public hospitals remain under-**

equipped, staff/doctors remain absent, and patients suffer without essential medicines. The **defense of shortage of funds and non-availability of qualified doctors** cannot be accepted as a valid excuse when **public money is being misappropriated and misused.**

7. It is a matter of record that despite repeated policy announcements and budgetary allocations, health facilities in rural Sindh remain largely non-functional due to administrative negligence and the absence of accountability. The existence of "ghost doctors" is not merely a service issue but a **violation of citizens' fundamental right to life and health**, as guaranteed under Article 9 of the Constitution. **Doctors who** draw salaries from the public exchequer are often engaged in private practice during official duty hours. Public servants who receive salaries from the state without rendering any service are guilty of **corruption and misconduct—actions** that are punishable under the **Sindh Civil Servants (Efficiency and Discipline) Rules, 1973, as well as under Section 409 of the Pakistan Penal Code (Criminal Breach of Trust).**

8. Upon careful consideration of the record we are of the view that the citizens of Sindh, particularly in rural areas, **are being denied equal access to healthcare**, especially cardiac care. **There is systemic mismanagement and misappropriation** of funds and medicines within the Health Department. **Doctors posted at government hospitals are mostly absent**, violating service rules and depriving patients of treatment. **Essential medical equipment and cardiac emergency services are not available** in most taluka hospitals. The citizens of Sindh are entitled to equal access to healthcare without discrimination. The **right to health is not a privilege but a fundamental constitutional guarantee.** The establishment of SICVD units in each taluka is not merely an administrative matter; it is a **constitutional necessity** under the mandate of Articles 9, 14, and 38(d). The **failure to provide healthcare facilities also amounts to a violation of Articles 9 and 38(d)** of the Constitution. Therefore the respondents/ competent authorities are directed as under:-

1. The **Chief Secretary, Government of Sindh**, is directed to furnish a comprehensive report within two (02) weeks on the status and progress of the **1000 Days Integrated Health and Population Project**, including details of **fund utilization, reasons for delay in implementation, measures taken to avert donor cancellation, and steps proposed to ensure transparency and timely execution.**

2. The **Chief Secretary** shall also submit a detailed report **regarding the sanctioned strength and existing number of employees—doctors, paramedical staff, and ancillary personnel—at all Basic Health Units, Rural Health Centers, Taluka and District Headquarters Hospitals, and teaching hospitals across Sindh. This report shall also reflect vacant positions, absentee rates, and mechanisms adopted to maintain adequate staffing and functionality in accordance with notified service standards.**
3. The **Government of Sindh, through the Secretary Health**, shall **formulate and notify within six (06) months a comprehensive plan for establishment of Sindh Institute of Cardiovascular Diseases (SICVD) Units in each Taluka of Sindh Province.** The plan shall include phased implementation with priority to high-population and remote areas.
4. The **Chief Secretary Sindh** shall **constitute a high-level oversight committee**, including representatives from SICVD, Finance Department, and the Planning & Development Department, to **monitor progress and ensure equitable distribution of facilities.**
5. The **Health Department** shall **initiate third-party audit** through Auditor General's Office of **health budgets and medicine procurement for the past five years**, and submit the report within 90 days.
6. The Chief Secretary Sindh/Secretary Health Sindh or the Director General Health Services Sindh (as the case may be) shall implement **biometric attendance in all hospitals of Sindh** within three months. And **Doctors found absent or running private clinics during duty hours shall be issued show-cause notices and proceeded against under the Sindh Civil Servants (Efficiency & Discipline) Rules, 1973.**
7. The **Health Department** shall **ensure provision of essential medical equipment and cardiac emergency facilities** in all District and Taluka Headquarters Hospitals of Sindh within 60 days as an interim measure till the final outcome.
8. The **Secretary Finance Sindh** shall **ensure adequate allocation of funds** for health development schemes, especially for SICVD expansion, in the next Annual Development program so that each Taluka people get benefit from the SICVD.
9. The **Secretary Health Sindh** shall **advertise and recruit new qualified doctors and specialists** through a transparent process to fill vacant posts, ensuring merit-based appointments.
9. Non-compliance of the above direction shall entail personal liability of the Chief Secretary Sindh, Secretary Health and Director General

Health Services Sindh, who shall also file a compliance report every 5th day of each month through the Additional Registrar of this Court.

10. Adjourned to **05-11-2025 to be taken up at 11.00** am when the Secretary Health and Director General Health Services Sindh shall also be in attendance. Let s copy of this order be transmitted to the Chief Secretary, Sindh, Secretary to Government of Sindh, Health Department, Director General Health Services Sindh as well as AAG for information and compliance.

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M. Ali*