

**Minutes of the Meeting of Board of Governors
National Institute of Health, Islamabad
25th November 2010**

The 60th meeting of Board of Governors, National Institute of Health, Islamabad was held on 25th November, 2010 at 10.00 am in Conference Room of National Institute of Health, Islamabad which was attended by: -

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| i) | Mr. Khushnood Akhtar Lashari Secretary, Ministry of Health | Chairman |
| ii) | Mr. Liaqat Munir Rao Finance Advisor Health | Member |
| iii) | Maj. Gen. Muhammad Suhaib Nominee of Surgeon General | Member |
| iv) | Professor Dr. Rizwan Chaudhry Representative, CPSP | Member |
| v) | Dr. Abdul Hameed Nominee of Vice Chancellor Quaid I Azam University Islamabad | Member |
| vi) | Dr. Birjees Mazhar Kazi Executive Director, NIH | Member/Secretary |

2. Two member viz Dr. Rashid Jooma, Director General Health and Dr. Huma Qureshi, Executive Director PMRC could not attend the meeting.

3. The meeting started with recitation from the Holy Quran by Dr. Birjees Mazher Kazi, Executive Director, NIH. Afterward he also welcomed the Chairman and Members of Board of Governors to its 60th meeting.

4. Agenda Item No. I: Implementation Status of decisions taken by Board of Governors in its 59th meeting held on 19.02.2010:

4.1 The Executive Director, NIH read out the implementation status of the decisions taken by BoG in its 59th meeting held on 19th February 2010 placed at Annex-I of the folders distributed for meeting.

4.2 With regard to query on progress on agenda item No. III regarding Proposed NIH Venture for Vaccines and other Products the Executive Director (ED), NIH informed that a Task Force under the Chairmanship of honorable Minister for

Health has been constituted by the Government of Pakistan. Composition of the Task Force was also explained. The Task Force has held its three meetings and recommendations were yet to be finalized. The Board desired to place ToRs and recommendations by the Task Force before the Board of Governors (BoG) in its meeting for approval.

- 4.3. Referring to agenda item No. VI concerning proposal for allocation of NIH land for establishment Nation Blood Transfusion Service Complex (NBTSC) the ED, NIH informed that as per decision of the BoG a meeting of its Sub Committee comprising of comprising of the Director General Health and Executive Director, NIH examined the proposal. The BoG Sub Committee in its recommendations support initial proposal of National AIDS Control Programme to establish NBTSC at PIMS and gave detailed observation on core technical matters vide said report placed at Annex-I (Appendix-I) of the meeting folders.
- 4.4. The Chairman remarks that the role of the proposed complex would be of national level having linkage with provincial governments/counterparts. It was desired that NPM, NBTSC should give presentation of the proposal before the Board of Governors with reference to NIH functions.
- 4.5. The nominee of Surgeon General explained that AFIT has its own role which provides services not only to the army establishments at and near Rawalpindi but also to the hospitals of twin cities of Rawalpindi/Islamabad and also to the general public. He mentioned that blood donors are back bone of blood banks therefore the service centre should be at an easy access place. He therefore was of the view that PIMS being central place of Islamabad would be more suitable for such activities.
- 4.6. The Financial Advisor Health was of the view that since whole blood would be separated in different types of products therefore supply cycle of stored blood and blood products to hospitals could be maintained. With regard to security situation it was mentioned that whole area is cordoned-off therefore mobility within the cities become impossible/difficult. He supported the proposal of NBTSC at NIH which would be easily accessible to the provincial and local counterparts.
- 4.7. The Chairman remarks that it was being planned that PIMS Satellite Hospital at NIH should be converted into District Headquarter Hospital, Islamabad which further justifies to establishment of NBTSC at NIH. Thus NIH could be benefited in terms of funds as institutional charges. It was also mentioned that NBTSC would be under supervision of ED NIH.
- 4.8. The representative CPSP stressed upon the existing facility of Blood Banks to remain within the hospitals. However stored blood & blood products could be provided to the hospital through mobile services.
- 4.9. The Board had detailed and in depth discussions in favor and against the establishment NBTSC at NIH.

4.10. **Decision:**

- a) The Chairman decided that in principle National Blood Transfusion Services (NBTSC) Complex should be establishment at National Institute of Health.
- b) The Board desired NPM NBTSC to make presentation of the proposal in next meeting of Board of Governors to be held shortly.
- c) A committee comprising of Executive Director NIH and Finance Advisor Health was constituted to further look into the matter.

4.11. **Action:**

Executive Director, NIH
Finance Advisor Health

5. Agenda Item No. II: Approval of Revised Budget Estimates for the year 2010-2011 and Budget Estimates for the year 2011-2012

- 5.1 With permission of the Chairman the Executive Director invited Deputy Director Finance (DDF) NIH slide presentation of Revised Budget Estimates for the year 2010-2011 and Budget Estimates for year 2011-2012 who explained head wise salient features of the proposed budget estimates.
- 5.2. The Chairman showed concern about the proposed increase on account of salary for the repatriated EPI staff and inquired how they were working on deputation in EPI which was development project under PSDP. To clarify the position NPM was called and it was inquired how the huge number of EPI staff has been repatriated to NIH and how the programme activities were being managed by EPI in absence of its 26 employees. The Director Administration NIH explained that EPI was initially started by NIH and the employees of EPI were also appointed by the Institute. In 2005 the Ministry of Health were being paid salary out of programm's funds. Now on completion of their five years deputation period their service have been repatriated to NIH. The NPM EPI explained and although EPI has requested for their further continuation for one year but it was not agreed to by the Ministry of Health. In response to query that how the staff meant for a development project was appointed by NIH, the Director Administration explained that EPI was initially started through NIH staff. Subsequently the posts for EPI were created by the Ministry of Health wherein it was categorically mentioned that the expenditure involved will be met out of non-development budget of NIH. The Chairman desired that a case be submitted to him for return back of repatriated EPI Staff to the programme.
- 5.3. The Finance Advisor Health was also concerned over abrupt repatriation

of 26 employees for EPI to NIH. He desired that NIH should take up case through Ministry of Health for settlement of status of EPI Employees. FA Health informed that as per Government's financial policy no increase is permissible under any head other than establishment charges. It was informed that NIH has proposed incremental increase that how the deficit would be met, it was explained that a request for supplementary grant would be submitted to Ministry of Health for recommendations to the Ministry of Finance. FA Health informed that the appropriate time for submission of request is the last quarter of the current financial year.

5.4. The Chairman remarked the Grant – in – Aid during the current financial year was doubled as compared to previous year so why deficit. The Executive Director explained that NIH has been facing vicious/recurring budget deficit over the years, which was primarily due to the fact that this Institute was not provided a befitting grant-in-aid approved by its BoG. The increase in Grant in aid had become inevitable to discharge its basic minimum function and meet national requirements. The Chairman referred to PAC directive to switch over the double entry financial system and functioning of chillers and desired to squeeze/rationalize the current year's budget to meet the PAC directives. The Chairman also desired to submit the list of hardware equipment required for the double entry system at NIH so that possibilities from other sources could also be explored.

5.5. **Decision:**

- a) The Board of Governors approved the Revised Estimates for the year 2010-2011 subject to the condition that proposed increase under each head other than pay and allowances would be rationalized.
- b) The Board referred the Budget Estimates for the year 2011-2012 to the BoG committee headed by Financial Advisor Health for scrutiny as per guidelines of the Government and recommendations for approval of the BoG in its next meeting to be held shortly.

5.6. **Action:**

Executive Director, NIH
Financial Advisor Health

6. Agenda Item No. III Approval of Recommendations of BoG Sub Committee on Standard Operating Procedures (SOPs) for submission and implementation of Research Projects at NIH:

6.1. The Executive Director NIH apprised the Board of Governors that pursuant to their decision of last meeting held on 19 February 2010 a meeting of the BoG Sub Committee comprising of the following

members was held to examine the proposal and submit recommendations for consideration and decision by the Board in its next meeting:

- i) Executive Director, PMRC
- ii) Representative of CPSP
- iii) Nominee of Surgeon General of Pakistan
- iv) Executive Director, NIH

6.2. The meeting of the BoG Sub Committee was held on 8th June 2010 and attended by all the above members. Recommendations of the BoG Sub Committee have been incorporated in the initial and highlighted in the revised SOPs proposal placed at **Appendix-II** for perusal and decision by the Board of Governors.

6.3. The Chairman inquired about the financial impact and role of NIH in implementation of the SOPs for projects.

6.4. The executive Director, NIH informed specific role of NIH in implementation of the SOPs for project has been clarified/stated under section 4 of the SOPs. There will be no financial impact on NIH as such.

6.5. The Board appreciated the good work done in formulation of the SOPs and hoped these would be helpful in proper execution of the projects.

6.6. **Decision:**

The Board approved Standard Operating Procedures (SOPs) for submission and implementation of Research Projects at NIH already recommended by the BoG Sub Committee.

6.7. **Action:**

Executive Director, NIH

7. Agenda Item No. IV: Approval of Recommendations by the BoG Sub Committee on up gradation and promotion of NIH employees:

7.1. The Executive Director, NIH briefed that a proposal on upgradation and promotion of NIH employees as an agenda item for the last meeting of Board of Governors was submitted to the Chairman BoG on which a BoG Sub Committee was constituted comprising of the following BoG members for recommendations to facilitate decision making by the Board of Governors:

- i) Executive Director, NIH
- ii) Executive Director, PMRC

iii) Financial Advisor Health

7.2. Recommendations of BoG Sub Committee are placed at **Annex-IV** for perusal and approval of the Board of Governors.

7.3. The Financial Advisor Health inquired about the financial implications. It was informed by the Executive Director that the same were taken into consideration by the BOG Sub Committee which appear to be minimal as most of the concerned staff members have been working since years but could not be promoted due to non availability of posts.

7.4. **Decision:**

The Board endorsed recommendations of the BOG Sub Committee on upgradation and promotion of NIH employees for further necessary action.

7.5. **Action:**

Executive Director, NIH.

8. Agenda Item No. V: Approval for increase in Laboratory Test Charges for Food, Water, Drugs and Medical Laboratory Diagnostic samples:

8.1 The Executive Director, NIH informed the Board that the Board of Governors, in a meeting held on 18th June 2008 approved rates for laboratory tests of food, water and laboratory tests fixed in 2005 were being charged. Now owing to price hike in the cost of chemicals & reagents and utility services like electricity, gas and water has increased manifold. Therefore the existing laboratory charges for Food, Water, Drugs and Medical Laboratory Diagnostic samples do not even cover the cost being incurred on performing the different tests of the afore mentioned samples. Therefore keeping in view the cost of chemicals & reagents, disposables, depreciation of machinery & equipment, cost of man-hours and utilities services as proportionate increase in different laboratory tests of Food, Water, Drugs and Medical Laboratory Diagnostic samples has to be made. Although the prices of chemicals & reagents, disposables, depreciation of machinery & equipment, has increased ranging 200-330% but only 50% increase in tests have been proposed for consideration and approval by the Board of Governors as per Annex V (A,B&C).

8.2. The Finance Advisor was of the view that there should be no discrimination in rates of Government and private samples and both should be equally charged.

- 8.3. The Financial Advisor Health enquired regarding fees being charged from the Government servants for their medical laboratory diagnostic services. The Executive Director, NIH informed that as per BoG decision the Government servants were being charged subsidized rate of 40% of the test charges.
- 8.4. The nominees of Surgeon General inquired about the distribution mechanism of medical laboratory test fee. It was informed that as per Government of Pakistan decision 60% is deposited in NIH receipts and 40% to Welfare fund of the employees.
- 8.5. The board was of the view that 60% share was to be deposited with Government. Speaking on 40% share of welfare fund the nominee of Surgeon General said that this share should be distributed amongst the staff in performing the medical laboratories diagnostic services. Armed Forces Institute of Pathology (AFIP) has excellent system for distribution of share through which every employee down to the level of sweeper is benefited. It was informed that NIH out of four has only one division which provides clinical laboratory diagnostic services and the 40% derived from the test fee is transferred to central welfare fund under which every employee is benefitted from certain welfare schemes.
- 8.6. The Board was of the view that although NIH has been providing assistance to its employees through welfare schemes yet model of distribution feed of AFIP should be studied to improve the share distribution system by NIH.
- 8.7. **Decision:**
- a) The Board approved the proposed rates for food, water and drugs provided rates of Government and Privates samples would be equally charged, whichever is higher.
 - b) The board also approved the rates of medical laboratory diagnostic tests and advised to continue charging 40% of test fee as per as per previous practice for the Government Servants.
 - c) The Board also directed that NIH should study the share distribution model of AFIP and according bring up proposal for perusal of the Board.

8.8. **Action:**

Executive Director, NIH.

9. Agenda Item No. VI: Approval of Recruitments Rules for the posts of Joint Executive Director (B-20) and Director Administration (19) and Principal Scientific Officer (Virology) (BS-19) NIH:

- 9.1. The Executive Director, NIH informed the Board that Ministry of Health vide its letter No. F-10-9/2010-E.II/NIH dated 04th November, 2010 (Annex-VI) has desired to place the proposed recruitment rules for the post of Joint Executive Director BS-20 and Director Administration BS-19, before the Board of Governors of NIH for approval in its next meeting. Accordingly a brief on the proposal has been placed at Annex0VI (A) for consideration and decision by the Board of Governors. It was further informed that Ministry of Health vide letter No. F.10-36/2009-E-II/NIH dated 24th November, 2010 directed to place recruitment rules of all posts recently created in NIH including a post of Principal Scientific Officer, Virology (BS-19) in 60th meeting of the Board of Governors being held on 25th November 2010 which has been added as Annex-IV (Appendix-I) in the folders of meeting.
- 9.2. The Executive Director, NIH further suggested that in view of its particular laboratory based functions and being the largest Scientific Organization of its kind in the country the post of Joint Executive Director may be kept open for technical officers (BS-20 and BS-19) of the Institute.
- 9.3. The nominee of Surgeon General proposed that the recruitment rules for the post of Joint Executive Director should be laboratory oriented keeping in view the functions of the Institute.
- 9.4. The FA Health supported that proposed recruitment rules and said the Principal Scientific Officer already have their line of promotion to the post of Chief BS-20 therefore they cannot have two lines of promotion.
- 9.5. The representative of CPSP supporting the above proposal said that technical officers should be eligible for promotion to the posts.
- 9.6. The Financial Advisor Health inquired about the recruitment rules for the recently created post of Chief Scientific Officer Virology (BS-20). It was informed that the proposed recruitment rules have already been submitted to Ministry of Health in response to their letter.
- 9.7. The Chairman said that rationale for creation of the post of Joint Executive Director was to assist the Executive Director NIH and to enable him to concentrate more on the technical matter. He further mentioned that medical research and scientist because of huge investments on their technical/professional trainings should work for technical achievements in their respective field and should not be involved in general administrative matters.
- 9.8. The Board was of the opinion that the post of Executive Director NIH should be promotion post of NIH officer if no officer is eligible then by director recruitment.

9.9. Decision:

- a) The Board approved the proposed recruitment rules for the post of Joint Executive Director (BS-20) and Director Admin (BS-19) and Principal Scientific Officer (Virology) BS-19), as approved by the Establishment Division.
- b) The Board recommended amendment in the recruitment rules for the post Executive (BS-21), National Institute of Health from direct to promotion post.

9.10. Action:

Executive Director, NIH

10. Agenda Item No. VII: Any other point with permission of the Chairman BoG:

10.1. Request for allotment of NIH Land for Pharmacy/Tuck shop.

10.1.1. With permission of the Chairman BoG the Executive Director NIH informed the Board that Mrs. Nusrat Mehmood w/o Shohail Hameed has requested for allotment of NIH land for pharmacy/Tuck Shop for patients alongside the Canteen at Allergy Centre of this Institute. It was further mentioned that allergy vaccine therapy itself is a treatment of allergy patients. Therefore NIH has already issued instructions to its medical doctors in Allergy Centre not to prescribe medicines if required only Officer Incharge, Allergy Centre or the treating physicians of the patients would prescribe the medicines.

10.1.2. It was further informed that earlier two similar requests of her husband were not acceded to and the case has been filed pursuance to instruction from the honorable Health Minister's Office.

10.1.3. Decision:

The Board did not agree to the request of the applicant.

10.1.4. Action:

Executive Director, NIH

10.2. Placement of Public Health Programmes under NIH:

10.2.1 The Chairman desired the Board to consider placement of following laboratory based public health programmes of Federal Government under the control of National Institute of Health which is premier

public health Institute of Federal Government: -

- i) National Expanded Programme on Immunization
- ii) National AIDS Control Programme
- iii) National TB Control Programme
- iv) National Malaria Control Programme

- 10.2.2. The Executive Director NIH informed that two National Programmes like EPI and NACP were initially developed by the National Institute of Health and were being administratively and financially managed for a longer period of more than 15 years.,
- 10.2.3. The Board supported the idea of Chairman BoG as this would facilitate the planning implementation for national public health policy.
- 10.2.4. The Executive Director, NIH was of the view that Federal Government has to take this policy decision.

11. The meeting ended with a vote of thanks to and from the Chair.

Presented by

(Dr. Birjees Mazher Kazi)
Executive Director

Approved by

(Khushnood Akhtar Lashari)
Secretary Health/ Chairman BoG, NIH.