

IN THE HIGH COURT OF SINDH, BENCH AT SUKKUR

C.P No. D- 965 of 2024

[Gulzar Ali Almani vs. PO Sindh and others]

C.P No. D- 1819 of 2025

[Parvez Ahmed vs. PO Sindh and others]

Before;-

***Mr. Justice Adnan-ul-Karim Memon,
Mr. Justice Abdul Hamid Bhurgri***

Hearing of case

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

08.06.2026

Mr. Ghulam Shabbir Shar, Advocate for the petitioner
in C.P No.D-1819 of 2025

Nemo for the petitioner in C.P No.D-965 of 2025

Mr. Mr. Ali Raza Baloch, Additional Advocate General Sindh

Mr. Mujeeb-ur-Rehman Soomro, Special Prosecutor NAB

Dr. Waqar Mehmood and Dr. Akhtiar Ahmed Mirani,
District Health Officers are present

ORDER

This common order shall dispose of the above-captioned constitutional petitions, as both petitions essentially raise concerns regarding the availability of healthcare facilities and delivery of public health services to the residents of District Naushahro Feroze and adjoining areas.

2. Through the Constitutional Petition No.1819 of 2025 filed in the nature of public interest litigation under Article 199 of the Constitution, the petitioner seeks enforcement of the fundamental rights of the people of Sindh, alleging widespread corruption, maladministration, procurement irregularities, and governance failures within the Health Department, Government of Sindh. The petitioner prays for constitution of an independent inquiry into the alleged misuse of public funds, irregularities in procurement of medicines and equipment, delays in implementation of the 1000 Days Integrated Health and Population Project, existence of ghost

employees, absenteeism of medical staff, and diversion of medicines, besides seeking systemic reforms in the health sector and a declaration regarding the legality of the appointment of the incumbent Secretary Health.

3. Learned counsel for the petitioner in Constitutional Petition No.1819 of 2025 contends that the petition was triggered by the petitioner's personal experience at DHQ Hospital, Naushero Feroze, where a prescribed life-saving medicine was unavailable due to alleged failures in procurement and administration. It is argued that subsequent inquiries revealed chronic deficiencies in the functioning of the Health Department, including delays in donor-funded health projects, centralized and non-transparent procurement practices, unexplained variations in medicine procurement rates, shortages of medicines and medical equipment, prevalence of ghost employees, absenteeism of healthcare staff, and inadequate oversight of public health institutions. According to the petitioner, these failures have contributed to the deterioration of healthcare services, resurgence of preventable diseases, including polio and HIV, and denial of adequate medical treatment to citizens, particularly the poor and vulnerable segments of society. It is further contended that the acts and omissions of the respondents violate the fundamental rights guaranteed under Articles 9 and 14 of the Constitution and are inconsistent with the State's obligations under Article 38(d). The petitioner also questions the legality of the appointment of the incumbent Secretary of Health because the post is a BPS-21 position, whereas the incumbent allegedly belongs to BPS-20, thereby warranting judicial scrutiny through an appropriate writ. Learned counsel submits that despite repeated complaints and public concerns, no meaningful accountability process or corrective measures have been undertaken by the authorities. He maintains that the issues raised involve matters of public importance affecting millions of citizens and, therefore, fall squarely within the constitutional jurisdiction of this Court for appropriate remedial and reformative directions.

4. The petitioner, a practicing Advocate and social worker, also filed Constitutional Petition No. 965 of 2024 under Article 199 of the Constitution seeking directions for the establishment of a NICVD/SICVD Hospital at Moro City, District Naushahro Feroze. The petitioner submits that he had earlier approached the

concerned authorities through an application dated 27.04.2024, forwarded by the Hyderabad High Court Bar Association, requesting the establishment of a cardiac care facility at Moro; however, no effective action was taken.

5. The petitioner averred in the memo of petition that District Naushahro Feroze, comprising the Talukas of Moro, Kandiaro, Mehrabpur, and Bhiria, has a substantial population but lacks a major cardiac healthcare facility capable of providing timely and modern treatment. According to the petitioner, the existing public health institutions are unable to adequately cater to the healthcare needs of the residents, resulting in patients being compelled to travel to other districts, including Shaheed Benazirabad, Jamshoro, and Hyderabad, for specialized treatment. The absence of emergency cardiac services has allegedly contributed to increased morbidity and mortality in the region. It is further asserted that Moro occupies a central geographical position and is accessible to the population of the entire district as well as adjoining areas. The petitioner suggested that the newly constructed Trauma Centre building within the premises of Moro Hospital could be upgraded and utilized for the establishment of a NICVD/SICVD facility. In addition, the petitioner expressed willingness to donate a portion of his agricultural land situated in Deh Kot Satabo, Taluka Moro, for the establishment of the proposed hospital in the larger public interest. The petitioner maintains that despite public demands, protests, and representations made by local residents for the establishment of a cardiac care facility at Moro, no positive response has been received from the authorities. He therefore invoked the constitutional jurisdiction of this Honourable Court, seeking directions to the respondents to establish a NICVD/SICVD Hospital at Moro City, District Naushahro Feroze.

6. Learned Additional Advocate General, Sindh, opposed the petition and submitted that the directions of this Court regarding audit of health budgets and procurement were already being implemented and the audit process was underway. He stated that the audit report would be submitted within the period fixed by the Court and, if any irregularity, audit objection, or financial anomaly was subsequently detected, appropriate proceedings under the relevant criminal and civil laws could then be initiated against the responsible persons. He further argued that many of the issues

raised by the petitioner pertain to policy formulation, procurement, administration, and project management of the Health Department, which fall exclusively within the executive domain. Relying upon various judgments of the Honourable Supreme Court, including PLD 2023 SC 236 and PLD 2025 SC 11, he contended that constitutional jurisdiction under Article 199 cannot be exercised to interfere in policy matters unless a clear violation of a specific legal or constitutional right is established. The learned AAG also submitted that the allegations levelled by the petitioner regarding corruption, mismanagement, procurement irregularities, and shortage of medicines were based on assumptions, hearsay, and newspaper reports and were unsupported by any credible evidence. According to him, several factual assertions made in the petition were contrary to the official record and could not be accepted without proper proof. It was further argued that the petitioner lacked the technical expertise necessary to assess public health administration, healthcare management, and medical policy matters. Such highly specialized and technical issues, according to the learned AAG, require deference to the executive authorities and expert bodies entrusted with management of the health sector. Questioning the maintainability of the petition, the learned AAG contended that the petitioner had failed to demonstrate a violation of any personal or enforceable legal right and therefore lacked locus standi. He submitted that the petition was not a bona fide public interest litigation but was motivated by collateral considerations and aimed at unnecessarily maligning the Health Department and its officers. Reliance was placed upon various judgments of the Supreme Court and the High Court, emphasizing that public interest litigation should not be used for publicity, personal motives, or private grievances. The learned AAG also argued that the petition involved disputed questions of fact relating to allegations of corruption, absenteeism, procurement, and administration, which could only be determined after detailed inquiry and recording of evidence and, therefore, were not amenable to adjudication in constitutional jurisdiction under Article 199 of the Constitution. About the observations concerning the Secretary of Health, it was submitted that the petitioner had improperly combined reliefs like mandamus and quo warranto in a single petition. According to the learned AAG, the two remedies arise from distinct legal foundations and cannot ordinarily be sought together. He further contended that no material had been produced to show that the Secretary of Health

lacked the qualifications or legal entitlement required for holding the office; no case for issuance of a writ of quo warranto was made out. The learned AAG further defended the centralized procurement mechanism of the Health Department, submitting that the system had been in place since 2012 and was formalized in 2014. He pointed out that procurement was being carried out strictly in accordance with the Sindh Public Procurement Rules, 2009, through a committee comprising senior medical experts, professors, and specialists from public and private sector institutions. He denied allegations of manipulation or favoritism and submitted that the Department had recently shifted to the electronic procurement system (e-PAD), thereby enhancing transparency and accountability in public procurement. In conclusion, the learned Additional Advocate General prayed that the petition be dismissed as not maintainable under Article 199 of the Constitution because it involved policy matters within the executive domain, disputed questions of fact, lack of locus standi, misjoinder of constitutional remedies, absence of credible evidence, and failure to avail alternate statutory forums available under the NAB laws, Anti-Corruption laws and SPPRA Rules before invoking constitutional jurisdiction.

7. Vide order dated 09.10.2025, this Court considered a constitutional petition No. 965 of 2024, seeking the establishment of a Sindh Institute of Cardiovascular Diseases (SICVD) facility at Moro, Taluka Moro, and raising broader concerns regarding the deteriorating state of public healthcare in Sindh. The petitioner highlighted the absence of cardiac emergency services in most talukas, increasing cardiac-related deaths, alleged misappropriation of health funds, diversion of medicines, absenteeism of doctors, shortage of medical equipment, and lack of accountability within the Health Department. During the proceedings on the very date, the District Health Officer, Naushahro Feroze, acknowledged that no SICVD/NICVD facility existed in the district except a Chest Pain Unit at Bhiria City, located approximately 40 kilometers from Moro. The Secretary of Health informed the Court that the establishment of SICVD facilities falls within the mandate of the Sindh Institute of Cardiovascular Diseases under the SICVD Act, 2018. However, the Court expressed serious concern regarding deficiencies in healthcare delivery, including shortages of medicines and equipment, absenteeism of medical staff, alleged misuse of public resources, and weak administrative oversight. This Court further

observed that the right to health forms an integral component of the right to life guaranteed under Article 9 of the Constitution and that citizens, particularly those residing in rural areas, are entitled to equal access to healthcare services, including cardiac care. The Court also took notice of allegations concerning delays and irregularities in the implementation of the 1000 Days Integrated Health and Population Project and the overall state of governance within the Health Department. Consequently, this Court directed the Chief Secretary, Government of Sindh, to submit reports regarding the status of the 1000 Days Integrated Health and Population Project, utilization of funds, staffing positions, vacancies, and absenteeism across public health facilities. The Government was further directed to formulate and notify, within six months, a comprehensive plan for establishing SICVD units in every taluka of Sindh on a phased basis, with priority to remote and densely populated areas. A high-level oversight committee was ordered to be constituted for monitoring implementation and ensuring equitable distribution of facilities. This Court also directed the Health Department to arrange an independent audit of health budgets and medicine procurement for the preceding five years, implement biometric attendance systems in all hospitals, initiate disciplinary proceedings against doctors absent from duty or engaged in private practice during official working hours, ensure provision of essential medical equipment and cardiac emergency facilities at district and taluka hospitals, recruit qualified medical professionals through a transparent process, and secure adequate budgetary allocations for expansion of SICVD services throughout Sindh. The Court further observed that failure to comply with these directions would entail personal responsibility on the part of the concerned senior officials.

8. In response to the aforesaid petition, the District Health Officer, Naushahro Feroze, submitted that the district comprises five talukas, namely Naushahro Feroze, Moro, Kandiaro, Bhiria, and Mehrabpur, where public health facilities are providing healthcare services to their respective catchment populations. It was acknowledged that no NICVD/SICVD hospital has been established in the district; however, a Chest Pain Unit has been functioning at RHC Bhiria City since January 2024 under the administrative control of SICVD. The DHO further stated that he is not the competent authority for the sanction, construction, or establishment of SICVD facilities. It was also submitted that THQ

Hospital Moro is fully functional and that tertiary care services are available at Civil Hospital Naushahro Feroze, Peoples Medical College Hospital Nawabshah, and Syed Abdullah Shah Institute of Medical Sciences, Sehwan, to which patients are referred according to their medical needs.

9. The Secretary of Health, in compliance with the Court's directions, informed that the establishment of SICVD hospitals, satellite centers, and Chest Pain Units falls within the mandate of the Sindh Institute of Cardiovascular Diseases under the SICVD Act, 2018. After seeking a report from SICVD, it was conveyed that a Chest Pain Unit had already been established at Bhiria City, approximately 40 kilometers from Moro, and that the facility was considered sufficient to cater to the emergency cardiac care needs of Moro and the surrounding areas. SICVD further stated that the establishment of an additional Chest Pain Unit at Moro was not under consideration in its plans, particularly because fully functional SICVD cardiac hospitals equipped with advanced facilities, including angiography and angioplasty services, were already operating at Nawabshah and Sehwan, situated approximately 60 to 70 kilometers from Moro. The Secretary of Health subsequently placed on record details of 28 SICVD Chest Pain Units functioning across Sindh, including 18 units in Karachi and others in districts such as Ghotki, Jacobabad, Mirpurkhas, Shikarpur, Thatta, Kashmore, and Bhiria City. It was explained that these facilities provide emergency cardiac services, including ECG, vital monitoring, management of myocardial infarction, hypertension, heart failure, arrhythmias, cardiac resuscitation, and advanced life support measures.

10. The Finance Department submitted that allocation of development funds is subject to approval by the Provincial Assembly and inclusion of schemes in the Annual Development Programme upon recommendations of the concerned administrative departments and the Planning & Development Department. It was clarified that the Finance Department is not the authority responsible for initiating or approving development schemes and merely releases funds after approval by the competent forum.

11. The Chief Secretary, Sindh, also submitted compliance reports regarding the Court's directions. It was reported that the 1000 Days Integrated Health and Population Project had initially

been delayed due to the 2022 floods and reassessment of affected facilities, but was now progressing satisfactorily. Detailed information regarding sanctioned and existing strength of doctors, paramedical staff, and ancillary personnel throughout Sindh was also furnished. Furthermore, a high-level oversight committee comprising representatives of SICVD, Finance Department, and Planning & Development Department was constituted to monitor implementation and ensure equitable distribution of healthcare facilities across the province.

12. The Health Department also reported substantial progress in the implementation of the Court's directions. Biometric attendance systems had been operationalized in 100 out of 107 hospitals across Sindh, with arrangements underway for the remaining institutions. Disciplinary proceedings were initiated against absentee doctors and other delinquent personnel, including the issuance of show-cause notices and conduct of personal hearings. Additionally, a committee headed by the Special Secretary (Administration), Health Department, was constituted to review staffing patterns, vacant posts, absenteeism ratios, and workforce requirements across Basic Health Units, Rural Health Centres, Taluka and District Headquarters Hospitals, and teaching hospitals, to ensure adequate and equitable deployment of healthcare personnel throughout Sindh.

12. The Chief Secretary, Sindh, also submitted a compliance report before this Court in respect of C.P No. 1898 of 2025, stating that necessary actions were being taken on each prayer clause of the petition in accordance with Court directions. About the prayer seeking the constitution of a high-powered inquiry committee into alleged corruption and maladministration in the Health Department, it was submitted that instead of constituting a separate committee, the Director General of Audit, Sindh, has been requested to conduct a comprehensive five-year audit of the Health Department. It was further stated that disciplinary and criminal proceedings, if required, would be initiated on the basis of the audit findings. In respect of the prayer relating to the 1000 Days Integrated Health and Population Project, it was reported that relevant progress reports had already been submitted by the Health Department, along with details of sanctioned strength, working strength, and vacancies in the health sector. Regarding the issue of posting of the

Secretary Health, it was explained that the post is generally held by officers of the Provincial Secretariat cadre, and that the incumbent officer belongs to the relevant cadre (Ex-PAS/Ex-PCS equivalent BPS-20), while BPS-21 officers are posted on a rotational or stop-gap basis where available. As to the prayer concerning systemic reforms and equitable healthcare delivery, the Chief Secretary informed the Court that a high-powered oversight committee had already been constituted under the Chairmanship of the Chief Minister's Inspection, Enquiries and Implementation Team (CMIET) to monitor health sector performance and submit periodic reports. It was further clarified that other formal or general prayers in the petition required no separate response beyond the ongoing administrative measures already in place. The report concluded that a reasonable time was required to complete the audit process and act upon its outcome, and that appropriate directions for further inquiry or corrective action would be considered after receipt of the audit report. In addition, it was highlighted that a five-year audit of the Health Department was already underway in compliance with the Court's earlier order dated 09.10.2025, and the report would be submitted within the stipulated period of ninety days. He prayed that, upon completion of the audit and submission of the report before this Court, in the event any audit para, irregularity, or financial anomaly is identified, appropriate directions may kindly be issued for initiation of criminal proceedings under the relevant laws, as well as recovery proceedings under applicable civil laws, against the persons found responsible.

13. The prayer seeking a writ of quo warranto against the then Secretary of Health has become infructuous, as the officer is no longer holding the said office. However, the concerns raised regarding the shortage of healthcare facilities, medical and paramedical staff, availability of essential medicines, and access to specialized treatment services merit serious administrative consideration. The Human Resource Analysis Report placed on record by the Health Department itself reflects substantial vacancies in various healthcare cadres and recommends measures for improving healthcare delivery and utilization of available resources.

14. From the pleadings, record, and submissions of learned counsel for the parties, it appears that both petitions arise out of concerns relating to the functioning and governance of the public

health sector in Sindh, particularly alleged deficiencies in cardiac care facilities, procurement processes, administrative inefficiencies, and implementation of health projects.

15. The record, however, shows that the respondents have not remained inactive. In compliance with earlier judicial directions, an organized reform and inquiry mechanism is already in place, including a province-wide five-year audit of the Health Department, constitution of oversight committees, implementation of biometric attendance, initiation of disciplinary proceedings against absentee staff, and collection of comprehensive data regarding staffing and healthcare facilities. These steps indicate that the executive machinery is actively addressing the issues raised, thereby reducing the need for parallel judicial investigation at this stage.

16. It is well-settled that under Article 199 of the Constitution, the High Court does not ordinarily adjudicate disputed questions of fact requiring detailed evidence, nor does it replace expert administrative bodies in matters involving policy, technical assessment, or resource allocation. Judicial review is confined to ensuring legality, rationality, and constitutional compliance, and is not intended to supervise day-to-day administrative functions unless mala fide, jurisdictional error, or patent illegality is shown.

17. In the present case, although serious allegations have been raised, the matters are largely fact-intensive and already subject to institutional audit and departmental scrutiny. The ongoing audit process and existing oversight mechanisms provide an adequate statutory framework for fact-finding and corrective action under relevant laws, including anti-corruption and procurement regulations.

18. The constitutional right to health under Articles 9, 14, and 38(d) of the Constitution imposes a continuing obligation on the State to progressively ensure access to healthcare; however, its enforcement remains subject to policy planning, institutional capacity, and resource availability, which fall within the executive domain. Judicial intervention, therefore, must remain facilitative rather than substitutive where governance mechanisms are already operational.

19. In view of the above, it is appropriate to allow the ongoing audit and compliance process to reach its logical conclusion. Upon receipt of the audit report, it shall be open to the competent authorities to initiate proceedings, including criminal prosecution and recovery actions, if any irregularities are established in accordance with the law.

20. The earlier directions issued vide order dated 09.10.2025 shall remain operative and be complied with in letter and spirit within the stipulated timelines. The compliance reports submitted by the Chief Secretary, Sindh, as discussed hereinabove, particularly regarding the ongoing audit process, establishment of oversight mechanisms, implementation of biometric attendance, and other administrative reforms, shall be strictly implemented. The Chief Secretary shall ensure continued monitoring and timely submission of further progress reports before this Court in accordance with the law.

21. The Chief Secretary, Sindh, shall undertake a comprehensive assessment of the issues raised in the petitions and convene a meeting of all relevant stakeholders, including the Secretary Health, Director General Health Services, representatives of SICVD, and other concerned authorities. The exercise shall examine, inter alia, the availability and accessibility of specialized healthcare services, including cardiac emergency care and referral mechanisms, the availability of essential medicines and emergency treatment facilities, shortages of healthcare personnel identified in the Human Resource Analysis Report, and implementation of the recommendations contained therein. Upon completion of the exercise, the competent authorities shall formulate and consider an appropriate action plan and take such measures as may be feasible and permissible under the law, applicable policy, and available resources. The exercise shall preferably be completed within four months. In the meantime, the Health Department shall ensure functional arrangements at DHQ Hospital Naushahro Feroze and the concerned THQ Hospitals for emergency treatment, availability of essential medicines, and prompt referral of critical patients requiring specialized care.

22. These petitions stand disposed of in the above terms, along with pending applications.

J u d g e

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ARBROHI/PS