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# LEGAL AND ETHICAL DIMENSIONS OF HEALTHCARE GOVERNANCE IN PAKISTAN: CHALLENGES AND REFORMS

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## Abstract

*The law and ethics of health care management in Pakistan are a vital aspect in determining the quality, accessibility, and accountability of health facilities. As the nation has formulated regulatory measures like provincial healthcare commissions, medical licensing laws, and drug control bodies, the lack of effective enforcement, lack of coordination, and the capacity of the institutions make them ineffective. Morally, two ideals of patient autonomy, informed consent, confidentiality, and fair care are established but not well-implemented because of lax supervision, low levels of social understanding, and the commercialization of healthcare. Governance is further complicated by issues like political interference, unregulated growth of the private sector, lack of medico-legal training, lack of protection of patient rights, etc. The reforms must be done in the form of strengthening the regulatory institutions, harmonization of national standards, the adoption of digital governance tools, greater transparency, and the installation of ethics in medical training. The healthcare sector in Pakistan also needs a more responsible, patient-centered, and ethically-based healthcare governance framework that will help to improve health outcomes and the public trust in the healthcare sector.*

## INTRODUCTION

Healthcare governance is involved in the process of defining the performance, credibility, and equity of a health system of a country (Noreen et al., 2024). Healthcare governance has now become pertinent in terms of legal and ethical concerns because the country has been struggling to deal with its structural vulnerabilities, resource scarcity, and the ever-expanding need to seek responsible and quality services (Afzal et al., 2025). The administration of healthcare is regulated by a wide variety of federal and provincial legislation, regulatory authorities, and healthcare commissions, as well as professional licensing boards. These models are aimed at controlling the level of hospitals, medical education, drug safety, malpractice, and patient safety (Bareach & Gul, 2025). Nevertheless, the shortcomings of these laws remain because they are not fully enforced due to institutional fragmentation and low regulatory capacity, as well as political interference (Asghar & Kasi, 2024).

The ethical aspect of healthcare management is involved with the adherence to universal values, including autonomy of the patient, informed consent, confidentiality, justice, and professionalism. However, in most Pakistani healthcare facilities, ethical practice is not the desired level (Hayat et al.,

Frontier in Medical & Health Research

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2024). Different hospitals do not have any formal ethics committee, and the knowledge of the patients in question is extremely poor (Jafarey et al., 2023). The unjust treatment, exploitation in the corporate world, redundancy in the processes, and violation of confidentiality are the ethical concerns (Mirza, 2025).

In an unequal access system where the different providers are led by the private sector in a hybrid health system, two gaps in governance must be filled: the legal and the ethical (Imran et al., 2023). Reforms in the domains are needed more than ever due to the burden of disease, which has been increasing, and the improvement of medical technology and increased expectations (Shah, 2024). The overall awareness of the legal and ethical basis of healthcare governance in Pakistan is required to develop a viable solution and endeavor to achieve a transparent, fair, and patient-centered healthcare governance system (Qureshi et al., 2025).

**Research Justification**

The healthcare governance in Pakistan requires particular academic consideration regarding the legal and ethical backgrounds of the case, as the healthcare system in the country is currently becoming more complex, fragmented, and performance-lacking. Despite the presence of regulatory agencies, healthcare commissions, and ethics, material gaps in the policy implementation process, institutional accountability, and beneficence toward patients remain. These lapses directly affect the standards of healthcare, the degree of trust and fairness towards the healthcare sector, and therefore, there is a need to know the factors that decrease good governance. Improved regulation under law and ethical standards is shown by the increasing amount of commercialization of the healthcare system, the rise of unregulated institutions of private care, and the rise of quackery. Besides, the shift to provincial autonomy after the 18th Amendment has resulted in the variation of governance abilities of the regions, and consequently, there is a need to investigate further as to how laws and ethics are being applied in the different administrative levels.

The research is justified by the fact that it will assist in understanding better what structural shortcomings slow the quality care delivery in Pakistan and the areas where successful reforms can be introduced. Legal and ethical analysis of governance would provide a holistic solution, which would help the policymaker, regulatory bodies in the healthcare sector, and healthcare organizations improve their accountability, transparency, and patient-focused care. These are the areas that should be reinforced so that there is sustainable growth in the health sector and improvement of the health outcomes of the individuals.

**Literature Review**

Regarding healthcare in Pakistan, there is a significant lack of connection between the regulatory rules and their practical activities, which are demonstrated in the literature (Imran et al., 2023). It is generally agreed among researchers that even though certain laws and institutions have been created in Pakistan, such as the Pakistan Medical and Dental Council (PMDC), Drug Regulatory Authority of Pakistan (DRAP), and provincial healthcare commissions, their effectiveness is poor because of their limited capacity, political will, and structural fragmentation (Asghar & Kasi, 2024).

The studies indicate that the introduction of the opportunity of evidence-based localized governance as a result of the 18th Amendment devolution of health to the provincial level was accompanied by the emergence of inconsistent standards, disparities in regulatory capacity, and duplication of roles between jurisdictions (Shah, 2024). The legal governance issues of the topic still bring up the issue of the enactment of malpractice legislation, hospital accreditation, and quackery (Mirza, 2025). The author notes that ineffective monitoring systems, lack of funds, and corruption are the obstructive factors to regulatory compliance. Lack of standardized ways of operating between provinces also contributes to the lack of homogeneous governance and quality control (Qureshi et al., 2025).

According to ethical literature, ethical compliance has gigantic lapses, particularly in domains of informed consent, patient confidentiality, and equitable access to care (Hayat et al., 2024). It has been shown that many medical institutions lack an official ethics committee and that the process of making ethical decisions in most instances is not

Frontier in Medical & Health Research

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informed by the best interests of the patient but by the necessity to have a profitable business (Jafarey et al., 2023). Research also shows that there is no bioethics training in medical training that has contributed to the absence of ethical awareness of the practitioners (Bareach & Gul, 2025). Scholars investigating the topic of the privatized industry argue that there have been inequalities, redundancy, and profit-making practices due to the absence of regulation and oversight.

Meanwhile, within the literature of the public sector, one can document such elements as overcrowding, understaffing, insufficient accountability standards, and further erosion of ethical standards. The recent articles indicate the importance of digital health governance, more effective transparency structures, more effective patient rights legislation, and standardized regulatory frameworks (Afzal et al., 2025). The literature concludes with the impression that Pakistan must not only undertake legal reforms but also transform its culture to emphasize patient-centered ethics, which would result in effective governance of healthcare (Noreen et al., 2024).

**Historical Context of Legal and Ethical Dimensions of Healthcare Governance in Pakistan**

It has developed throughout the history of healthcare governance in Pakistan based on the principles of colonialism, political changes, and institutional changes (Mirza, 2025). Pakistan started its healthcare system under British rule. It was developed according to the rules of public health and sanitation laws and medical education systems. All these were designed to continue administrative domination and not to serve the whole population with healthcare (Imran et al., 2023).

Pakistan gained independence in 1947 without the colonial institutions and never managed to establish a fair healthcare system because of the lack of resources and frequent political crises. During the initial decades, the control, regulation, and service delivery alongside the health governance were centralized and controlled by the ministries of the federal government (Hayat et al., 2024). The professional regulation and pharmaceutical control were just about to be prepared with such laws as the PMDC Ordinance and the Drug Act of 1976 (Afzal et al., 2025). On the other hand, bureaucratic limitations were also an obstacle to the implementation process of the initiative (Qureshi et al., 2025).

The growth of the private sector in the 1990s and early 2000s, which was based on rapid growth and a lack of regulatory control, created gaps in the quality and ethical standards (Jafarey et al., 2023). This changed greatly with the 18th Constitutional Amendment in the year 2010 when the provinces took over the health governance functions (Asghar & Kasi, 2024). Provincial healthcare commissions had established standards and responsibility due to this reform (Noreen et al., 2024). In spite of the changes, the historical issues, such as the insufficient control, unequal manner of governance, and uneven moral needs, still affect the healthcare situation in Pakistan (Bareach & Gul, 2025).

Theoretical Context of Legal and Ethical Dimensions of Healthcare Governance in Pakistan

The legal and ethical aspects of healthcare governance in Pakistan are comprehensible in terms of various theoretical frameworks that define the way the health systems are supposed to operate and how accountability can be ensured. The theory of health governance offers a guideline with transparency, regulatory oversight, stakeholder involvement, and rules of law as the essential features of a good health system. In this view, institutions are not capacity- or autonomy-endowed to bring about a functioning government.

The principal-agent theory also describes the issues of the healthcare system in Pakistan. This situation highlights the complex relationship between the government, which has the main authority, and healthcare providers. It shows how a lack of proper oversight, corrupt practices, and conflicting interests can lead to actions that violate both legal and ethical standards. The theory relates to issues like malpractice, the spread of false medical practices, and the excessive focus on profit. In the meantime, the ethical principles of bioethics, autonomy, beneficence, non-maleficence, and justice provide the career with the ethical evaluation of patient-centered care.

These values inform decision-making in the medical practice and aid medical authorities in the rights of patients and professional honesty. Also, the theory

Frontier in Medical & Health Research

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of public health ethics is focused on the collective good, and it is oriented to equity, communal responsibility, and good health. This applies to such situations as Pakistan, where scarcity of resources and social inequality define the challenges of governance. Combined, these theoretical frameworks offer insights into the loopholes in the legal and ethical governance of healthcare in Pakistan and make informed changes.

**Laws Regarding Legal and Ethical Dimensions of Healthcare Governance in Pakistan**

**1. Medical and Professional Regulations:** Registering the practitioners in Pakistan is mainly through the Pakistan Medical and Dental Council (PMDC) Act, 1973, which was replaced by the Pakistan Medical Commission (PMC). These are pieces of legislation that govern medical education, licensure, and professional practice from the perspective of achieving good care. Doctors, dentists, and other medical experts have a legal duty to adhere to the standards of practice and the codes of ethics, such as informed consent, patient safety, and confidentiality. Breaking these rules may lead to punishment and/or loss of licenses. The implementation of this framework is associated with anomalies because of bureaucratic inefficiencies and poor monitoring rates. Medical continuing education has become mandatory for the renewal of the license, which is, however, disproportionate regarding compliance.

**2. Health Care Institutions and Facility Standards:** It is the healthcare commissions of the Punjab and Sindh that issue the licenses to the hospitals, clinics, and diagnostic centers, including the Punjab Healthcare Commission and Sindh Healthcare Commission. The regulations entail adherence to the facility standards, equipment safety, and sanitation, as well as the quality of the services. In these acts, poor care also has recourse to complaints, inspection, and punishment. Furthermore, the production, importation, and distribution of pharmaceuticals are regulated by the Drug Regulatory Authority of Pakistan (DRAP) Act to ascertain the conformity of the safety versus efficacy ratio of drugs. Nonetheless, it has some issues, including a division of powers among the provinces, corruption, and political interference that do not favor the rightful implementation.

**3. Patient Rights and Public Health Laws:** These are the Mental Health Acts, Consumer Protection Acts, and provincial patient rights acts, which provide the legal defense of the vulnerable groups collectively as well as the rights of the patients overall. This legislation emphasizes the notion of informed consent, which protects against medical negligence, emergencies, and obligatory health services. Disease prevention, vaccination programs, and emergency response can be protected by the legislation of the public health system, such as the National Health Policy, laws regulating epidemic control, and sanitation ordinances. Despite the fact that a legal background in these laws exists, gaps in awareness, implementation, and effectiveness of monitoring are limited, which prevents the full application of the law and the protection of patients.

**Challenges for Legal and Ethical Dimensions of Healthcare Governance in Pakistan**

Healthcare governance in Pakistan has been besmirched by different legal, ethical, and structural challenges that hinder effective service delivery and patient safety in the country. Laxity in the enforcement of the regulations is one of the major challenges. Although laws exist to regulate hospitals, medical practitioners, and pharmaceuticals, the provincial healthcare commissions and other regulating bodies do not always have the autonomy, resources, and capacity to effectively observe compliance. This has led to a proliferation of unqualified practitioners, poor-quality facilities, and counterfeit drugs.

Political interference and corruption are also another fire issue. Nepotism or other vested interests would be likely to affect the decisions made in the hiring, licensing, and procurement areas by affecting the transparency and accountability. The gap between the governance of the federal and provincial governments, which has resulted in variation of the standards across regions, is further caused by the absence of control between the federal and provincial governments after the 18th Amendment.

On its part, Pakistan is experiencing a problem of inequality in accessibility and rights violations against patients on an ethical level. The lack of

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

equality in metropolitan and rural health services, the ignorance of patients about their rights, and the commercial interests of the privatized healthcare pose a negative impact on the principles of fair and equitable treatment. Ethics committees are often not formal in hospitals, and the practice of informed consent is not always applied.

The shortage of human resources that are trained to handle such issues exacerbates these problems. The majority of medical practitioners and administrators are not equipped with bioethics, medico-legal, or regulatory compliance. This will result in poor ethical decisions, slackness, and failure to apply the legal norms. In addition, surveillance, policy design, and operation are not possible due to the absence of proper documentation and data management. The absence of electronic medical records and efficient reporting systems makes malpractice, medical errors, and regulatory violations go undetected. A digital list of licensed practitioners nationally would be more appropriate and would help to control the situation and provide the monitoring of compliance across the provinces. Finally, the fast-tracked process of commercializing healthcare puts pressure on the providers to focus on the profits rather than the patient, which leads to an atmosphere of ethically dubious actions that involve over-diagnosis, overcharging, and the lack of care towards the low-income population. They ought to overcome these challenges by enhancing institutions, increasing transparency, improving training, harmonizing the regulations applicable to the different provinces, and inculcating a robust culture of ethics that emphasizes the patient in the whole healthcare system.

**Opportunities for Legal and Ethical Dimensions of Healthcare Governance in Pakistan**

Regardless of all the significant obstacles, though, the healthcare system in Pakistan has several opportunities for improving legal and ethical governance. The regulatory bodies, such as provincial health care commissions, the Pakistan Medical Commission (PMC), and the Drug Regulatory Authority of Pakistan (DRAP), could be enhanced to enhance compliance with standards, prevent malpractice, and improve accountability. These establishments already possess a legal foundation; their extent of freedom, financing, trained labor force, and supervision can be increased to make them more useful in sustainable management and improvement of the sector.

Due to the harmonization of laws and standards of the provinces, there is another great opportunity. In healthcare delivery, medical ethics, licensing procedures, and professional practices, there was an occurrence of inequalities due to decentralization with the introduction of the 18th Amendment. By the establishment of homogenous national policies regarding the licensing of hospitals, the practice of professionalism, patient rights, and drug control, one can decrease the likelihood of inconsistency, be fair, and pursue ethical principles across the country in a uniform manner. The coordinated national oversight mechanism may also help the provinces realize the standards effectively.

The rise in the application of digital health technologies has given a good chance to enhance governance. EMR, telemedicine systems, and digital reporting could assist in enhancing transparency, assist in real-time medical practice surveillance, and make data-guided policy. Such tools can also be used to minimize ethical violations by enhancing the protection of patients through correct documentation and tracking of complaints, errors, and malpractice cases, and hence reducing the incidence of ethical violations. Also, ethical awareness and training of medical staff can be increased. Patient-centered care and responsible clinical behavior may be developed through enhancing bioethics and medico-legal education in curricula and via continuing professional development courses. The patients can also be empowered to be aware of their rights and responsibilities in the decision-making process of health care through the public awareness activity.

**Discussion**

Pakistan has a complicated framework of governmental healthcare that advances law, regulations, and ethics. Although the regulatory frameworks and professional codes offer formal bases on which the governance is constructed, the division of power and political influence, as well as the lax interpretation of the rules, decrease the efficiency of the governance. This disconnection between legislation and practice is also causing the

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

discrepancy of standards, malpractice, and unfair access to care. Conceptually and ethically, patient rights, informed consent, confidentiality, and professional integrity are seen, but it is not the same case in the community and in personal healthcare settings. Commercial pressures and resource constraints will relegate the problem of patient-centered decision-making to the margins, and in this regard, it requires increased ethical regulation. The possibilities to work on are connected with institutional reinforcement, policy harmonization, and technology integration.

Transparency, accountability, and quality assurance can be improved with the help of digital health tools, standardized national standards, and appropriate regulatory frameworks. In the meantime, the issues of responsible decisions and rights to protect patients can be achieved through the introduction of medico-legal training and a focus on ethics, as well as through the introduction of the process of public awareness. Strict compliance and accountability, as another means of establishing equal access to healthcare, may be used in case a partnership with the government is formed. On the one hand, it is possible to say that the sustainable management of healthcare in Pakistan has to be ensured by the coordination of legislative changes, ethical strengthening, and capacity building to guarantee that the institutional system and personal practice are oriented on the principles of transparency, fairness, and patient-centered care.

## Conclusion

Legal and ethical issues are part of the healthcare governance of Pakistan, which are determinants of a good health system, equity, and accountability. The country indeed has a body of laws, regulatory bodies, and codes of practice, but it has been restricted by the lack of enforcement, divided administration, politics, and unethical standards in its operation. These are patient autonomy, as an ethical principle that is known but not consistently applied, particularly in an expansive and mostly unregulated private sector. Nevertheless, there are enormous opportunities for empowering governance.

Legal compliance and ethical practice could be improved with the help of harmonization of national standards, the improved regulatory capacity, and implementation of a digital health system, bioethics training, and awareness creation among the population. Properly managed public-private cooperation and evidence-based policymaking may also contribute to the development of fair and accountable care. Finally, the law and ethical practices will be simplified to have a patient-centered, effective, and clear healthcare system in Pakistan and guarantee better health outcomes and trust among the citizens.

## Recommendations

The government of Pakistan needs to implement concerted legal, ethical, and institutional changes to improve healthcare governance. To begin with, it is necessary to strengthen regulatory bodies such as the provincial healthcare commissions, the Pakistan Medical Commission and the Drug Regulatory Authority of Pakistan. The bodies should be given more autonomy, funding, and the capacity to monitor and implement the standards. Second, coherence of laws and standards in the provinces can decrease the quality, licensing, and patient rights protection differences, and provide homogeneous governance throughout the country.

Third, incorporating medical training on ethics and bioethics into medical curricula and continuous professional development will enhance ethical decision-making and care centered on patients. To take care of breaches of ethics, hospitals ought to put in place formal ethics committees and grievance mechanisms. Fourth, electronic medical records, malpractice reporting system, telemedicine regulations should be the priority of digital health governance to improve transparency and accountability.

Fifth, informing the population about the rights of the patient, informed consent, and complaint procedures can enable citizens to enforce ethical and legal actions. Sixth, well-regulated public-private relations should be encouraged to increase access to care without hindering oversight. Last but not least, the promotion of research and evidence-based policymaking will help to inform legal changes and ethical principles, so that interventions in governance are viable, location-dependent, and lasting. These recommendations may lead to the

Frontier in Medical & Health Research

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development of an open, responsible and patient-centric healthcare system in Pakistan.

**Research Limitations**

The legal and ethical issues of healthcare governance in Pakistan discussed in this paper are constrained in several ways. First, it lacks specific and up-to-date information, particularly regarding the implementation of the regulations, malpractice problems, and patient-rights violations, which limits the depth of quantitative research. Second, the lack of continuity in governance in the provinces and the impossibility of generalizing about it can be linked to the fact that healthcare practices, regulations, and ethical compliance vary drastically across the regions. Third, the secondary source and published literature use can also introduce the problem of publication bias since the majority of the studies focus on large hospitals that work in large cities and are not published for rural and underserved areas.

Furthermore, the empirical studies on ethical compliance and bioethics training are limited to the extent that they reduce the chances of assessing the ethical governance in totality. Lastly, the dynamism in healthcare policy development, digital health implementation, and the development of the private sector can cause certain findings to be timely. Despite such limitations, the study provides an excellent overview and prototype of understanding the challenges of healthcare governance and opportunities in Pakistan.

**Research Implications**

The policymakers, healthcare regulators, and healthcare institutions in Pakistan can find the conclusion of this research of high importance. The study shows that there should be a strengthening of regulations, equal provincial standards, and enhancement of the tools of enforcement to enhance compliance with the licensing, facility standards, and patient protection laws. It is morally focused on the necessity to include bioethics and medico-legal training in medical education and professional development, to promote a culture of patient-centered care. The other implications of the digital health systems, such as electronic medical records and malpractice reporting tools, are also brought out in the study as one of the ways of improving transparency and accountability, such as the formation of evidence-based policymaking. The results are a sign of the possibility of further empirical research on the topic of ethical compliance, regulatory efficacy, and patient rights awareness in the urban and rural settings for researchers. Overall, these implications indicate that to improve healthcare governance, quality, and equity and make the population more trusting of Pakistan, the coordination of the changes in the legal frameworks, the building up of the ethical norms, and the development of the institutions should be implemented.

**Future Research Directions**

The development of gaps in legal and ethical spheres should be a part of future research regarding healthcare governance in Pakistan. Empirical research should be used to evaluate the action of regulation enforcement among provinces, such as the existence of licensing, hospital inspections, and malpractice reporting. The comparative study of the two industries, public and private healthcare, may bring some information about the differences in ethical practice, patient protection of rights, and quality standards of care. The research on how bioethics training and medico-legal education affect professional conduct can be used to find ways of implementing the ethics into practice effectively.

Moreover, the existing studies on digital health adoption, including electronic medical records and telemedicine governance, may provide information on policy interventions to promote transparency and accountability. Awareness and engagement of patients should also be studied, and how informed populations affect compliance with the law and make ethical decisions. All in all, these recommendations will produce practice-based evidence that can be used to create reforms, reinforce the structures of governance, and ensure fair and patient-centered healthcare in Pakistan.

Frontier in Medical & Health Research

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