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Editorial Article

SUCCESSFUL ATTEMPT TO SABOTAGE A PROMISING DRUG MANUFACTURING PROJECT TO SHIELD CORRUPTION: A CALL FOR ACCOUNTABILITY IN PAKISTAN'S PHARMACEUTICAL EDUCATION AND HEALTHCARE

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Abstract:

Corruption in the pharmaceutical sector undermines public health, erodes trust in educational institutions, and squanders valuable resources. This report merges and expands upon a whistleblower letter from Dr. Taha Nazir dated January 24, 2017, along with detailed allegations of misconduct at the University of Sargodha (UOS). It highlights the deliberate failure of a PKR 0.8 billion (approximately USD 2.8 million) drug manufacturing project initiated in 2005, attributed to corrupt practices by Prof. Dr. Sajid Bashir, former Dean of the Faculty of Pharmacy. By integrating this evidence with additional proofs from global and local scandals, the report underscores the urgent need to remove such culprits to uphold healthcare standards and quality education. Failure to act perpetuates a cycle of inefficiency, endangering lives and stifling innovation in Pakistan's pharmaceutical industry.

Introduction to Corruption in the Pharmaceutical Sector

The term "corruption" encompasses deliberate misuse of resources, authority, and power, extending beyond financial gains to include ethical lapses that harm communities. In developing nations like Pakistan, corruption is rampant in the pharmaceutical industry, distorting prices, fostering insecurity, and perpetuating injustice. Professionals engaging in such behavior often exhibit personality traits lacking in ethics, conscience, and empathy. Despite global efforts, corruption persists from ancient societies to modern times, severely impacting healthcare systems.

To combat this, mechanisms for accountability and transparency are essential: detecting corruption, reporting it appropriately, and pursuing it under relevant legal frameworks. In Pakistan, where the industry faces environmental pressures, regulatory demands, revenue losses, rising costs, patent expirations, and systemic barriers, corruption exacerbates challenges to innovation, cost-effectiveness, and drug development. Recent trends show a decline in productivity over the past two decades, necessitating detailed data analysis to identify stakeholders and design strategies to curb irregularities.

Globally, pharmaceutical corruption manifests in various forms. For instance, the World Health Organization (WHO) identifies practices like exaggerating drug efficacy or hiding safety data. In China, a major scandal involved GlaxoSmithKline staff bribing doctors with gifts and cash totaling USD 450 million. Novartis AG paid USD 345 million in 2020 to resolve U.S. Foreign Corrupt Practices Act violations involving bribes in Greece and Vietnam. In the U.S., the opioid crisis exemplifies how companies like Purdue Pharma pushed addictive drugs through misleading marketing, leading to widespread addiction and deaths. These examples illustrate how corruption prioritizes profits over patient welfare, a pattern mirrored in Pakistan.

In Pakistan, scandals include the 2012 fake medicine crisis at Punjab Institute of Cardiology, where counterfeit drugs caused over 200 deaths. More recently, a PKR 1.9 billion embezzlement was uncovered in Khyber Pakhtunkhwa's medicine procurement in 2024. Incentive-linked prescriptions, where doctors receive bribes for promoting specific drugs, are common, compromising ethical standards. Transparency International has highlighted suspicious drug price surges due to corrupt practices. These cases prove that unchecked corruption leads to fatal outcomes and financial losses, emphasizing the need for stringent oversight.

Transparency and Accountability in Pharmaceutical Practices: Lessons from the U.S. and Beyond

In the United States, disproportionate pharmaceutical funding for patient advocacy groups—far exceeding other developed nations—signals a lack of transparency in industry-lobbyist ties. Without mandatory disclosures, this fosters unequal resource distribution and potential conflicts of interest. Adopting regulatory measures could enhance integrity, ensuring quality control and public health safeguards.

Academic corruption further compounds issues, where information systems are manipulated to benefit specific groups. Pharmaceutical companies have been accused of corrupting medical science through biased trials and funding. Conflicts arise in neurology, ophthalmology, oncology, and virology, where sponsored projects prioritize sponsor interests over patients. In Pakistan, similar dynamics play out, with experts calling for vigilant monitoring of industry-research-patient care linkages to prevent graft and ensure equitable outcomes.

Case Background: The Failed Drug Manufacturing Project at University of Sargodha

Launched in 2005 alongside the Pharm-D undergraduate program, the UOS Pharmaceutical Laboratories project aimed to produce life-saving drugs on a commercial scale. Valued at PKR 0.8 billion, it promised advancements in local manufacturing, education, and healthcare.

Tragically, it failed after 18 years due to alleged corruption by Prof. Dr. Sajid Bashir, Dean of Pharmacy, and partners in M/S UOS Pharmaceutical Laboratories.

Irregularities were first flagged internally by Dr. Taha Nazir in Letter No. 171/Pharm/2017 dated January 24, 2017, responding to UOS/Pharm/4692 dated January 17, 2017. The letter states: "In response of your subjected cited letter, it is very humbly stated that you are a dishonest and biased officer. I have so many different evidences of your corruptions. Therefore, I'm not comfortable to share my scientific and professional information with you." Signed by Dr. Taha Nazir, Assistant Professor (Microbiology), it directly accuses the Dean of corruption and refuses cooperation.

Subsequent complaints escalated to the Vice Chancellor's office (e.g., VCD No. 16311 dated November 26, 2015; VCD No. 7157 dated May 19, 2015; VCD No. 4023 dated March 15, 2016) and the Higher Education Commission (HEC) via Letter No. 05-48/A&C(Affairs)/2016/7151 dated July 1, 2016. The Dean allegedly established a non-technical partnership firm, M/S UOS Pharmaceutical Laboratories, registered under No. RF/S6D/02 on January 8, 2016, per the Partnership Act 1932, to sabotage the project. Non-standard, used machinery was procured from Vario Tech, Lahore, via orders like UOS/RC/11-412 dated March 21, 2011.

A manufacturing license (No. 000859/167 dated June 12, 2017) was granted but voluntarily surrendered via UOS/PIU/1666 dated November 19, 2018, leading to facility closure. The Central Licensing Board canceled it on February 26, 2019, during its 269th meeting, citing administrative changes but advising future research utility.

The National Accountability Bureau (NAB) intervened following complaints like ID NABL20190712180572 dated July 12, 2019, and Case No. 381/629 dated May 10, 2022, seeking investigation and recovery of lost resources. Additional appeals to the Governor of Punjab (No. 379/627 dated April 25, 2022) demand action against the culprits.

Further proofs include reports of illegal appointments and irregularities in Prof. Bashir's professorship, with external evaluations deemed illegitimate. After leaving UOS, he was appointed principal at a private pharmacy college in Lahore, raising concerns about spreading corrupt practices. Broader UOS scandals, like selling degrees cheaply, indicate systemic issues.

Emphasizing Removal of the Culprit: Safeguarding Healthcare and Education Standards

Prof. Dr. Sajid Bashir's actions exemplify how one individual's corruption can derail national progress. By prioritizing personal gain—through dubious partnerships, substandard procurements, and project sabotage—he not only wasted PKR 0.8 billion but also deprived students of hands-on education and Pakistan of affordable, locally produced drugs. Removing such figures is imperative to restore integrity.

Evidence from similar cases reinforces this: In KP's PKR 3.1 billion medicine scandal, swift inquiries led to exposures and potential recoveries. Globally, U.S. DOJ actions recovered USD 1.67 billion from pharma fraud in 2024. Pakistan must follow suit: Investigate thoroughly via NAB and HEC, impose disciplinary actions, and recover funds. This will deter future misconduct, enhance quality education in pharmacy programs, and strengthen healthcare by promoting transparent, innovative drug production.

Alternative models, like joint ventures with reputable firms, could revive the project, benefiting academia, industry, and public health. Existing UOS facilities, including postgraduate high-tech labs, remain underutilized—redirecting them for research post-removal would maximize value.

Conclusion

Corruption in pharmaceuticals—spanning financial, ethical, regulatory, and communicative domains—demands a multifaceted response. Identifying conflicts, scrutinizing incentives, and enforcing transparency are key. In the UOS case, Prof. Dr. Sajid Bashir's removal is non-negotiable to prevent further damage. Authorities must act decisively, drawing from global precedents like Novartis settlements and local exposures, to foster a corruption-free environment. Only then can Pakistan achieve sustainable healthcare standards and quality education, ensuring life-saving innovations reach those in need.

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References:

- Haider R, Mehdi A, Zehra A, Das GK. Corruption in the pharmaceutical sector: diagnosing the challenges. *Int J Integr Sci*. [Internet]. [cited 2026]. Available from: <https://journal.formosapublisher.org/index.php/ijis/article/view/7728>

- Yousafzai AW. Corruption in medical practice: where do we stand? *J Ayub Med Coll Abbottabad*. [Internet]. [cited 2026]. Available from: <https://jamc.ayubmed.edu.pk/index.php/jamc/article/view/255>
- Nazir T. Crisis in pharmaceutical education and healthcare standards in Pakistan: a comprehensive review of systemic corruption and professional misrepresentation. *Pharm Rev*. 2025;16:8–11. Available from: <https://pharmaceuticalsreview.com/wp-content/uploads/2025/08/8-11-Taha-Crisis-in-Pharmaceutical-Education-and-Healthcare-Standards-in-Pakistan-1.pdf>
- Pharmaceuticals Review Staff. A fraudulent culprit appointed as principal of a private pharmacy college...after failing drug manufacturing project. *Pharmaceuticals Review*. [Internet]. [cited 2026]. Available from: <https://pharmaceuticalsreview.com/a-fraudulent-culprit-appointed-as-principal-of-a-private-pharmacy-college-in-lahore-pakistan-after-successfully-failing-the-drug-manufacturing-project-worth-of-appr-0-8-billion-after-18-years-of-its/>
- Bhatti MW. Call for action against pharma-physician nexus. *The News*. 2025;Sep 30 [cited 2026]. Available from: <https://www.thenews.com.pk/latest/1347398-call-for-action-against-pharma-physician-nexus>
- Khan MFY. Medical corruption & incentive-linked prescriptions: a legal & ethical crisis. *The Friday Times*. 2025 [cited 2026]. Available from: <https://www.thefridaytimes.com/04-Feb-2025/medical-corruption-incentive-linked-prescriptions-a-legal-ethical-crisis>
- Khan M, et al. Doctors taking bribes from pharmaceutical companies is common: a randomised trial in Pakistan. *BMJ Glob Health*. 2025;9(12):e016055. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11789533/>
- Riaz Hussain Khawaja. Unethical pharmaceutical marketing in Pakistan: a systematic review. *J Pharm Health Serv Res*. 2020;11(1):55–60. Available from: <https://academic.oup.com/jphsr/article-abstract/11/1/55/6068075>
- Dawani K, Sayeed A. Anti-corruption in Pakistan's pharmaceutical sector: a political settlement analysis. *ACE Working Paper*. 2020. [cited 2026]. Available from: <https://ace.soas.ac.uk/publication/anti-corruption-in-pakistans-pharmaceutical-sector-a-political-settlement-analysis/>
- Corruption in health: public perceptions and governance challenges in Pakistan. *Riphah Information Portal*. [Internet]. [cited 2026]. Available from: <https://iportal.riphah.edu.pk/newspaper/corruption-in-health/>



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