

ESTABLISHING AIR AMBULANCE SERVICES IN PAKISTAN: A REGULATORY AND INVESTMENT FRAMEWORK FOR EMERGENCY MEDICAL AVIATION

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ABSTRACT

Air ambulances can also deliver access to medical care faster than ground ambulances for rural, underserved and hard to reach populations. The current spread of ambulance resources between metropolitan and rural areas is determined largely by individual operator decisions rather than being health outcomes-based. Herein we present a framework for optimizing air ambulance services among competing demand for healthcare services in constrained locations with respect to alternate means of transport. It particularly emphasizes the importance of collating data and studies on where air ambulances can be effectively placed based on impact. Pakistan's limited ground ambulance network and bad road links slow down the provision of critical medical support, especially in rural and remote areas. The paper presents a policy framework for establishing regulated air ambulance operations — air taxis — with helicopters and fixed-wing aircraft. It introduces a new certification categorization under CAA (Civil Aviation Authority of Pakistan), provides investment incentives for the private sector, and specifies detailed operational and oversight protocols. To make it a modern, safe, and accessible air medical transport system that saves lives and changes the way emergency healthcare is delivered in Pakistan.

INTRODUCTION

Prompt access to emergency medical care can make all the difference in the survival and recovery of trauma, cardiac, stroke, and obstetric emergencies. But in Pakistan, clogged urban trickles, undeveloped rural highways and a lack of ambulances equipped with advanced life-support systems delay effective medical response. Air ambulance service which is widely used in developed countries can provide a better option for speedy evacuation and an interfaculty of the patient. Pakistan can dramatically enhance its emergency healthcare delivery through the institutionalization of air medical services (Mock, et al., 2004).

Approximately half a million patients are treated by air ambulances every year, and they have taken on added significance as more rural hospitals have closed in recent years. Moreover, the ongoing Covid-19 pandemic has increased the importance of rapidly transporting patients to medical care. And in some more rural parts of the country, air ambulances are the sole way to transport patients to trauma centers and other medical facilities during the so-called “Golden Hour” following an event. More than 70 percent of air ambulances are helicopters that respond to emergency scenes and transfer patients between faculties, while fixed-wing aircraft provide longer distances between airports (Sasser, et al., 2005).

Fraught with concerns about equitable access to and the high costs of air ambulance services, emergency medical transportation providers have grappled with the issue for decades. The imbalances in the placement of ambulance bases in the aforementioned urban and rural areas are based mainly on the strategic and profit motive of the industry and not on the optimal output of the health-transportation system, research shows. Lack of competition is an especially big problem, since two private equity firms that run helicopter air ambulances controlled 64 percent of the Medicare market in 2017. Moreover, this misalignment of incentives which is the cause of poor health outcomes, exploding costs of service, surprise medical bills and documented differences in access between urban and rural locations, justifies the necessity of a systemic view to the allocation of this service (Umer, et al., 2009).

In developing countries historically, healthcare investments have been oriented towards vertical indeed disease-specific interventions. Emergency medical systems, including pre-hospital as well as hospital emergency medical services, have long been neglected in many developing countries. 1 2 Evidence for deaths prevented and disability averted exists for diseases such as trauma, pregnancy, myocardial infarctions, strokes and sepsis through strengthening of emergency services. 1 3 4 The first paragraph represents existing work on pre-hospital care research in developing countries: The majority of research about pre-hospital care in developing countries has focused on trauma and injury. Injury is responsible for 16% of the global burden of disease and is disproportionately concentrated in low and middle income countries (Mock, et al., 2004).

STATEMENT OF THE PROBLEM

These conditions pose a serious challenge to the timely provision of emergency medical care, as do the lack of adequate ground transportation and poorly constructed roads in many areas of Pakistan. It is even more severe in rural areas, where advanced emergency care facilities and equipment are lacking. There is also no proper air ambulance service which compacts the problem of medical aid. This paper looks at the challenges faced in providing timely emergency care, and how the implementation of air ambulance services backed by a strong regulatory infrastructure and private investment could help reduce this delay in emergency treatment.

OBJECTIVES

The primary objective of this study is to propose a comprehensive framework for introducing and regulating air ambulance services in Pakistan. Specific goals include:

1. To assess the current state of emergency medical services and infrastructure in Pakistan, focusing on the limitations posed by ground transportation.
2. To develop a regulatory framework for the certification and operation of air ambulance services, leveraging helicopters and fixed-wing aircraft.
3. To propose investment incentives that encourage private sector involvement in the establishment and operation of air ambulance services.
4. To provide detailed operational and oversight guidelines for the implementation of air ambulance services across Pakistan.

SIGNIFICANCE OF RESEARCH STUDY

The significance of this study cannot be understated as there is a massive gap in this particular area of the delivery of healthcare, especially in rural and underserved areas. For one, air ambulance services can greatly enhance emergency healthcare by providing rapid response times in critical situations, particularly in geographically challenging locations. This fast-track medical intervention directly correlates to a massive increase of survival rates and improved health outcomes. Second, this study establishes a comprehensive framework through which it broadens the accessibility of health care access for marginalized populations, which would lessen the existing urban-rural divide of health care access. It also enforces health equity, directly aiding the inherent right to medical care for all the citizens.

Moreover, the study provides insights for the development of policy, and regulatory frameworks that will guide the establishment and operation of air ambulance services. It is imperative for public and private sector entities with an interest in deploying viable, sustainable models of emergency medical service (EMS). Moreover, by defining potential investment incentives, the study identifies promising opportunities for private sector engagement. This not only builds up the healthcare infrastructure base but also extends to the economic development of the country in terms of generating jobs and technology in health sciences. The ultimate goal of this research paper and results is to be a great starting point that will change how emergency healthcare is delivered across the nation.

LITERATURE REVIEW

INTERNATIONAL STANDARDS

A fire brigade with air ambulance services is regulated by various international standards for its development and operation to ensure safety, efficiency, and effectiveness in medical transport. The International Civil Aviation Organization (ICAO) is another prominent, broad framework. ICAO Annex 6 establishes those minimum operational requirements for such aircraft flying medical and emergency transport missions. These standards encompass various elements including aircraft maintenance, safety procedures, and crew qualifications. Every aircraft used in air ambulance services is required to be appropriately maintained and equipped to manage medical emergencies in flight. This involves the deployment of specialized medical machinery, maintenance of an aseptic, safe patient environment, and compliance with rigorous technical and performance standards (Mock, et al., 2004).

Furthermore, the air ambulance must be staffed by personnel who have passed particular training and qualification requirements. This includes aviation proficiency as well as medical emergency knowledge, essential for safe transport of critically ill/injured patients, and one that requires years of experience. ICAO notes that international aviation and healthcare regulations require periodic training and certification of pilots and medical personnel to ensure compliance. These critical standards are a baseline, which improve interoperability, quality assurance, and safety in cross-border medical evacuation and transport missions (Sasser, et al., 2005).

International certification, in accordance with best practice, safeguards patient safety, instilling confidence in all those involved from the outset, particularly at time of transport when the health of the patient may no longer be stable. Staying in tune with global standards is crucial for developing nations attempting to set or upgrade their emergency medical services: it aids garnering trust, guaranteeing the safety of patients and luring global collaborations and investments (Umer, et al., 2009).

An additional key piece of legislation governing the operational configuration of air ambulance operations is EASA Part ORO, maintained by the European Union Aviation Safety Agency (EASA). This is an organizational structure necessary for air operations that will also apply to the management, safety and regulatory oversight of medical flights. EASA Part ORO contains general operator responsibilities, as well as requirements for training of medical crew members, aircraft configuration and equipment, and safety management systems.

Under EASA Part ORO, air ambulance operators must demonstrate that flight crews and medical staff are trained to perform their role in high-stakes, time-critical environments. This includes frequent simulation-based emergency drills, competency evaluations, and custom training in aviation physiology and inflight patient management. The regulation further requires that the aircraft utilized for medical operations be equipped with life-support equipment (ventilators, defibrillators, infusion pumps, and patient monitors) integrated and operational in flight (Dib, et al., 2006).

In addition, EASA Part ORO requires for strong operational oversight mechanisms to be established, including the implementation of a Safety Management System (SMS) and ongoing quality assurance processes. Such mechanisms are essential for sustaining the quality of care and for ensuring safety in operations. Operators are also responsible for conducting regular audits and inspections to ensure compliance with safety protocols, maintenance schedules, and crew readiness. EASA Part ORO is primarily focused on the operational aspects of air ambulance services which have been purpose-built for this environment. The framework not only protects the health and safety of patients and crew, but also provides a pathway for international cooperation and harmonisation in international aeromedical evacuation services Alansari et al .

GLOBAL MODELS

There is a global precedent already established for efficient air ambulance services within developed nations, such as Canada, the USA and Australia. These countries often use the hub-and-spoke model, which guarantees the effective distribution of specialized emergency medical services in situations involving urban centers and remote rural areas. This model keeps the major hospitals or trauma center as the hubs, and the smaller, strategically placed bases as spokes that can rapidly deploy an air ambulance. This allows for better coverage and reduced response times, particularly in rural or underserved areas (Dib, et al., 2006).

A particularly important feature of these systems is their ability to respond at any time of day, since medical evacuation and emergency transport services operate 24/7. Specialized dispatch centers organize between hospitals, ES and flight

crew in order to ensure rapid activation and deployment of resources. Such preparedness is crucial when lives are at stake, and every second matters (Mock, et al., 2004).

Integrating telemedicine into air ambulance operations is yet another innovative aspect of these global models. It is now possible to consult typically with real time between medical crews present onboard and specialists at hospitals thanks to advanced communication systems, resulting in diagnostic accuracy, treatment preparation, and stabilization of patients during transportation. For example, telemedicine tools are frequently used in Canada and the U.S. to monitor patient vitals, send ECGs, or talk with trauma surgeons while the aircraft is in transit, vastly improving patient outcomes (Dib, et al., 2006).

Such best practices provide scalable and replicable frameworks for developing economies like Pakistan. By following a hybrid model of these internationally adopted models in accordance with the local geography and structure of healthcare system and availability of resources, Pakistan can significantly improve its prehospital emergency response system. Similar models can even assist in developing the public private partnership agreements, training modules and regulatory policy framework required to build a sustainable functional air ambulance infrastructure (Umer, et al., 2009).

CURRENT GAPS IN PAKISTAN'S EMERGENCY TRANSPORT

The current emergency medical transport system in Pakistan has major gaps which impede timely and effective health delivery, particularly in critical emergencies. Ground ambulance services are one of the most pressing issues. Most state-run ambulances are ill-equipped, usually without basic life-support systems like ventilators, defibrillators, oxygen supplies. This erodes the quality of pre-hospital care, especially during the transfer of critical patients. Moreover, the current fleet is limited and unequally distributed across the country. Most resources are directed to urban or metropolitan centres, and rural and remote areas have little or no access to emergency transport, 23 greatly increasing regional disparities in health care (Mock, et al., 2004).

Another key challenge is the road infrastructure. In many rural areas, roads are over 100 kilometers or entirely unpaved, and it takes ambulances time to move patients. Back in urban areas, meanwhile, searing traffic congestion often impedes ambulance response and transport times, frequently extending well past the key "golden hour" — the period in which prompt medical treatment can meaningfully increase a patient's chance of survival. Together, poor access to rural areas and delays in urban settings act as crucial points of failure that plague the effectiveness and reliability of the existing system.

Just as concerning is the regulatory gap around air ambulance services. Currently, the Pakistan Civil Aviation Authority (CAA) does not have a separate regulatory structure for operation of air ambulance services. Existing varieties, where they operate, generally do so underneath broad normal aviation licenses with out standardized medical or security protocols. The absence of such regulation not only brings into question the quality of services and ensures patient safety, but also deters potential investors and healthcare providers from entering or expanding in this critical sector. Filling these gaps is critical to develop a responsive, fair and effective emergency transport system in Pakistan. An adequately functioning air ambulance network, coupled with enhanced ground infrastructure and policy initiatives, can be the transformative step needed to overcome these systemic health care challenges (Sasser, et al., 2005).

RESEARCH DESIGN

There is a need for descriptive research design which can provide insight into illuminating the existing situation regarding emergency medical transportation with an assessment for feasibility of air ambulance services in Pakistan along with a proposed implementation framework. The research will be developed through qualitative and quantitative phases, including surveys, stakeholders' interviews and existing health data analysis.

REGULATORY FRAMEWORK PROPOSAL

AIR OPERATOR CERTIFICATION (AOC) AMENDMENT

This system must be amended through the existing Air Operator Certification (AOC) operated by the Pakistan Civil Aviation Authority (CAA) so that a formal and effective air ambulance operation in Pakistan is established. The proposed amendment should specify a new class of operations - "Air Medical Transport" - to classify air ambulance services as a separate operational class in the broader context of aviation regulation.

The recently defined category would classify the type of the approved aircraft for the medical transport operation. AW139 helicopters — renowned for their speed, operational range, and cavernous cabin space — are particularly well suited for high-speed emergency retrievals in rugged terrains, while King Air 350 fixed-wing aircraft give cost-effective, reliable inter-city or regional medevacs with onboard medical crew and equipment. The amendment must also require that aircraft operating under the "Air Medical Transport" category be equipped with medical-grade onboard equipment, including ventilators, defibrillators, suction units, infusion pumps and monitoring systems. It would also need to mandate the interior alterations necessary to keep patients safe and comfortable, such as isolating the patient area, designing secure mounting

systems for equipment, and ensuring there is enough room for health care providers to deliver care while in transit. This level of force would ensure that they adhere to international safety and clinical standards — building a suitable regulatory framework under the AOC — while also increasing investment and upgrading this essential service vulnerability of emergency healthcare (Sasser, et al., 2005).

CREW LICENSING AND TRAINING

Therefore, a strong and specialized crew licensing and training regulatory framework is needed to ensure the safety, efficiency and clinical appropriateness of air ambulance services within Pakistan. Due to the unique operational and medical demands of air medical transport, both aviation and healthcare personnel are required to adhere to strict standards of certification and preparedness.

First and foremost, air ambulance pilots must hold active and verified commercial pilot licenses (CPL) appropriate to the aircraft in use: rotorcraft (e.g., helicopters) or fixed-wing aircraft. Aside from aviation credentials, these pilots will be required to undergo additional training on aero medical operations including low altitude flying across diverse weather environments, night flying, landings in non-prepared sites, and communications protocols with medical staff on critical missions (Umer, et al., 2009).

In a second step, certified air medical training to comply with international standards (e.g. of the European Union Aviation Safety Agency (EASA) or the International Civil Aviation Organization (ICAO)) for medical staff (paramedics, flight nurses...etc.) has to be performed. Specific training should address various competencies, including, but not limited to in-flight monitoring of patients, emergency interventions, aviation physiology, operation of on-board life support equipment, and infection control in confined airborne environments. In addition, ongoing maintenance of skills should involve ongoing continuing education, simulation-based drills, and interdisciplinary team exercises to ensure both flight and medical crews work together seamlessly. In partnership with authorities, medical institutions, and international partners, certification programmes can ensure global best practices are embedded in Pakistan's training ecosystem. With the institutionalization of these licensing and training requirements, the nation has an opportunity to upgrade the quality, safety and reliability of its air ambulance services leading towards a robust and internationally compliant aero medical system (Lockey, 2001).

OPERATIONAL OVERSIGHT

A complete operational oversight mechanism is paramount to ensuring the integrity, safety and clinical effectiveness of air ambulance services in Pakistan. Since air medicine has both an aviation and a healthcare component, this system needs to be informed by both perspectives to work. The establishment of a joint oversight body with representatives from Pakistan Civil Aviation Authority (CAA), Ministry of National Health Services, Regulations and Coordination is a key step. This working body would be charged with the development, implementation and monitoring of air ambulance specific standards--making sure that both the flight safety and clinical care aspects are at least up to par with national and international benchmarks (Naseer, 2002).

They should address regular reviews of clinical protocol as part of ongoing performance improvement, to keep procedures in patient care as relevant as possible in light of changing medical standards and best practices. These consist of trauma treatment, cardiac emergencies, neonatal transport, and more critical interventions. Infection control audits also need to be performed accordingly, especially due to global health threats, to ensure aircraft sanitation, equipment sterilization, and crew hygiene comply with the health safety recommendations of the World Health Organization (WHO) and the ICAD (Lockey, 2001).

In addition, all air ambulance operators must be recertified and receive a renewal of their license every year, based on meeting operational and clinical standards. This process should feature on-site inspections, documentation reviews, and crew performance evaluations. The oversight body would require operators to submit safety and operational performance data on a quarterly basis to ensure accountability and facilitate continuous improvement. For instance, this would include other data points around timeliness metrics on mission response times, adverse event reporting, equipment fails, or summaries on patient outcomes. This process can allow for trends, risks, weaknesses, and strengths to be identified and key adjustment plans to be made based on evidence, pragmatism, and anticipation of future developments. Overall, a dual-sector oversight framework would help Pakistan ensure that the country's air ambulance services are safe and efficient, as well as clinically competent and responsive to its public health needs (Umer, et al., 2009).

DATA REPORTING

A uniform and transparent framework for data reporting is essential for measuring the performance, safety, and impact of air ambulance services in Pakistan. The data acquisition will allow evidence-oriented decision-making, efficient resource utilization, and continuous quality improvement within the emergency medical transport domain. Mandatory uniform operational and clinical performance reporting by all licensed air ambulance operators at regular intervals such as monthly or quarterly.

1. These reports would include: response times of the mission (time from dispatch to pick-up of the patient and time to reach the medical facility)
2. Patient outcomes (e.g., survival rate; stabilized status at arrival; early referrals; in-transit mortalities)
3. Safety incidents (e.g., equipment malfunctions, in-flight emergencies, protocol deviations, or crew injuries)
4. Journal Log of flight metrics (distance traveled, weather disruptions, delay, and fuel consumption)
5. The data shall be compiled per health informatics standards of the country and shall be integrated on a central digital platform collaboratively managed by Pakistan Civil Aviation Authority (CAA) and Ministry of Health.

Beyond obligations of regulatory compliance, pooled data will provide a basis for national emergency health metrics and analyses of gaps in geographic coverage, common medical emergencies and points of system bottleneck. Emergency planners can use this information to help calibrate their response policies, allocate resources more efficiently, assess training needs, and plan for infrastructure placement, particularly in underserved areas. Furthermore, data-driven reporting aids in transparency, promotes accountability from service providers, and ultimately builds public trust in the evolving air medical transport system (Naseer, 2002).

INVESTMENT INCENTIVES FOR PRIVATE OPERATORS

So, to make sure that air ambulance services in Pakistan are scalable, effective and sustainable, it is vital to promote private sector role play. Public-private partnerships can help bridge infrastructure gaps, introduce innovations into the system and speed the construction of a nationwide aero medical network. To incentivize private investment and ensure retention of private actors, specific incentives are proposed:

TAX EXEMPTIONS

Aircraft, medical equipment and avionics systems aircraft used exclusively in certified air ambulance operations should be exempt from import duties and sales tax for five years. This will lower capital costs for new players, and further open the sector to private investment.

DISCOUNTED SLOT FEES AND PREFERENTIAL ACCESS

Private operators should be allocated landing slots and be offered waived or reduced usage fees at government-owned airports, heliports and emergency landing sites. This will provide instantaneous and unrestricted response ability however it will decrease the operational cost, specifically in case of emergencies where time is significant.

REVOLVING LOAN FUND

Establish a low-interest credit facility via the State Bank of Pakistan for private operators to obtain financing to purchase aircraft, customize them as airborne makeshift hospitals and acquire life-saving equipment. This pool of revolving loan funds can alleviate what often times is a high upfront investment barrier to entry for air ambulance services.

INSURANCE INTEGRATION

Both public (for example, Sehat Card) and private health insurance providers should be incentivized—and perhaps mandated—to offer coverage for air ambulances in their benefit packages. This will provide a continual revenue source for operators while keeping the service affordable and accessible for patients, especially with regards to life-threatening emergencies. Together, these incentives will contribute to creating a thriving ecosystem of private air ambulance services, decrease dependency on overburdened public services, and extend access to remote and underserved areas. Stirring private investment in healthcare in Pakistan, with forward-looking policy formulation, can change the landscape of emergency healthcare in Pakistan, aligning it with the global standards (Naseer, 2002).

Pakistan should also implement the irreversibly established framework of the hub-and-spoke operational model of its air ambulance system to provide wide range coverage, maximize efficiency and response time, similar to successful implementation in Australia, USA and Canada. This model ensures coordinated efforts in a centralized manner, while ensuring accessibility to different geographically challenging locations. Central air ambulance bases in the major urban centers — Karachi, Lahore, Islamabad and Peshawar — would be at the heart of this system. Such hubs would act as chief command points with sophisticated infrastructure such as aircraft hangars, maintenance facilities, helipads, medical storage units and around-the-clock dispatch operations. Each base would have a fleet of rotary-wing (helicopters) for short-distance emergency pick-up and fixed-wing getaways for inter-city and interprovincial travel.

From these mother services, services would reach to satellite helipads set up at regional and district level hospitals, particularly in underserved, remote infrastructure-deficient areas like Balochistan, Gilgit-Baltistan, southern Punjab and interior Sindh. These helipads would be built to accommodate emergency landings, quick patient transfers and rapid refueling—permitting the ability for air transportation vehicles to land directly at or near health-scale medical facilities thereby reducing unnecessary ground transport time. Make this system have a center and communication network, connecting each hub and spokes. This would allow for real-time coordination of dispatch operations, aircraft availability, weather tracking and hospital capacity. Integration with telemedicine platforms could also enhance pre-arrival triage and

decision-making for receiving medical teams. The hub-and-spoke model provides a scalable, responsive, and cost-effective framework that resonates with Pakistan's healthcare and geographical context. This also guarantees that urgent situations can be treated quickly — even in remote landscapes — while at the same time allowing authorities to allocate resources and plan logistics (Raftery, 1996).

24/7 READINESS

For an air ambulance system to be functional as well, it should operate on a 24/7 readiness model since emergencies can happen any time of the day or night. Pakistan being geographically and physically inhibited from responsive ground-level emergency services, 24 × 7 helicopter air medical availability is vital for enhancing patient survival and outcome. To do so, dedicated rapid-response crews must be on duty in shifts at each central hub and regional satellite base, including pilots, paramedics, flight nurses, and communication staff. Furthermore, at least one standby craft (rotorcraft or fixed wing based upon location) shall be fully fueled, on board, and preflighted ready for immediate recall 24 hours a day. This degree of readiness provides minimal dispatch latency for two primary types of missions (Umer, et al., 2009).

SCENE RESPONSES

In emergencies like road accidents, disasters, or patients located in remote areas, aircraft you must be in the air within 15–20 minutes after activation, thereby minimizing the time taken by you to reach the patients and transport to a tertiary care unit(validation).

INTER-HOSPITAL TRANSFERS

For patients requiring advanced medical treatment not available at smaller or rural hospitals, air ambulances should be prepared to initiate planned or semi-urgent transfers on short notice, backed up by pre-coordination with medical teams at both sending and receiving hospitals. SOPs for activation, crew mobilization, pre-flight checks and patient handover protocols need to be institutionalized to support this model. I also envision that there are trained personnel stationed at a central dispatch center who monitor the influx of emergency calls, weather conditions, airspace availability and hospitals' readiness 24/7. Introducing 24 hours, seven days a week operational readiness would greatly improve the reliability and impact of air ambulance service in Pakistan, allowing delivery of critical care, no matter where and when in Pakistan (Raftery, 1996).

TELEMEDICINE INTEGRATION

The use of telemedicine onboard air ambulances is a revolutionary step but the need to advance patient care during the transport and address essential skills gaps — particularly in transferring patients from rural/under-resourced areas to brain-bank facilities — is ever-present. They enable in-flight medical teams — paramedics or flight nurses, or doctors — working on patients in distress to call up specialists (say, cardiologists, neurologists, trauma surgeons) at the relevant referral hospitals. Such real-time collaboration can influence critical decisions, including dosage adjustments, intubation techniques or the implementation of emergency procedures that would otherwise wait until landing (Naseer, & Awais, 1994).

Telemedicine also allows the receiving hospital to better prepare prior to arrival. Experts can see real-time data and clip video before the patient arrives, meaning that the right team, gear and treatment plan are in place on touchdown — important in buying time during the golden hour. Incorporating telemedicine not only increases clinical outcomes, but also instills crew confidence, minimizes medical liability and allows for standardized practices throughout an air ambulance network. In a setting like Pakistan, where specialist access can be sparse in rural pockets, this digital link greatly enhances the continuum of emergency care (Naseer, & Awais, 1994).

METHODOLOGY

The current research is qualitative in nature, examining the viability and key ingredients required for establishing an air ambulance in regulated environment of Pakistan. The methodology is based on four key pillars: (1) a regulatory analysis; (2) a comparative study; (3) stakeholder consultation; and (4) economic modeling. All these aspects have made their way into the report to come up with a holistic picture of the regulatory aspects, operational aspects and financial aspects that are necessary to set up a successful air ambulance service.

REGULATORY ANALYSIS

The methodology begins with a critical regulatory analysis of the current Civil Aviation Authority (CAA) regulations. As Pakistan does not yet have dedicated regulations for air ambulance services, this step means the first reviewing of the existing framework under which air ambulance services might operate in Pakistan, including the general aviation licenses held by some of the existing services. The analysis aims to uncover critical inconsistencies in air medical licensing and crew certification and operational standards. This specifically references the necessity for creating a separate category for "Air Medical Transport" under the CAA's Air Operator Certification (AOC) framework. Furthermore, the analysis checks if the present standards are in consonance with the international best practices (best practices recommended by

ICAO and EASA) and where new regulations or amendments will be required, so that air ambulance services could be operated safely and effectively in Pakistan.

COMPARATIVE STUDY

Evolved article: Comparison of different countries' models of air medical transport systems and regulatory framework for air ambulance services The paper uses examples from countries like the United States, Canada, and Australia, where air ambulance services play a crucial role in the healthcare setup. They include hub-and-spoke operational structures, integrated telemedicine, and the use of both fixed-wing aircraft and helicopters for medical transport. The comparative analysis compares the legal and operational measures adopted in those jurisdictions, including licensing, crew certification, and oversight body construction. The research seeks to look at some of these international models in order to find what can be replicated for Pakistan's healthcare system and how the regulatory, operational and safety standards can be aligned to international best practices whilst being relevant to local needs.

STAKEHOLDER CONSULTATION

Stakeholder consultation constitutes the third component of the methodology. This qualitative research approach is adopted with the intention of gathering insights from key stakeholders in air ambulance operations and healthcare delivery. Thorough interviews with Civil Aviation Authority (CAA) personnel, emergency physicians, aviation experts, and private sector providers are undertaken to examine the practicality of launching air ambulance facilities across Pakistan. This input gives us insights into some of the key issues facing Pakistan’s emergency medical transport system today — regulatory challenges, infrastructural limitations and medical requirements of different geographic areas in Pakistan, particularly among the underserved rural populations. Interviews also serve to establish the exact needs for air ambulance operations, such as aircraft specifications, medical apparatus, personnel qualifications, and operational measures. Feedback from stakeholders will inform the regulatory framework and operational guidelines as to how such a system would work, balancing the needs of both the medical community and the aviation sector (Jooma, et al., 2008).

ECONOMIC MODELING

The economic modeling element of the methodology centres on assessing the degree of the financial incentives required to enable the establishment and the sustainability of air ambulance services. It is a qualitative analysis and looks at how tax breaks, reduced slot fees, favorable loans and insurance coverage might stimulate private sector involvement. The study sheds light on how these could alleviate the immediate financial load of aircraft, medical equipment and setting up operational bases through interviews with private operators, financial experts and policy-makers. The study also explores possible financing tools — including revolving loan funds from Pakistan’s State Bank — to incentivise foreign investment into air ambulance services. Long-term cost analysis: Using economic modeling, air ambulance cost-effectiveness analysis will provide a sense of the sustainability of air ambulance services over time, including some measure of cost-benefit ratio and potential return on investment for key stakeholders. It is important to gain understanding on the ability of air ambulance services to be fiscally responsible and if these services would remain accessible and affordable even at such a rate especially within a rural context (Jooma, et al., 2008).

Through the application of these qualitative research methodologies, the study seeks to create a holistic and pragmatic roadmap for the deployment of regulated air ambulance services in Pakistan. The analysis of regulations, a comparative study of practices around the world, the engagement of stakeholders and economic models will be put to use to develop policies, operational guidelines, and investment strategy that can facilitate the provision of an efficient air medical transport system, which can save lives in the country.

DATA ANALYSIS

Table 1 Regulatory Analysis Data

Aspect	Details
Current Regulations	Review of existing CAA regulations and general aviation licenses for air ambulance services.
Gap Identification	Lack of a dedicated category for air medical transport under CAA’s AOC system, gaps in crew certification.
Required Amendments	Create an ‘Air Medical Transport’ AOC category, standardize crew training, and introduce medical equipment standards.
International Standards Alignment	Comparison with ICAO and EASA standards for air medical operations to ensure compliance.

Table 1 shows a regulatory analysis of air ambulance services. It points out that existing CAA regulations do not include a distinct category for air medical transport under the Air Operator Certificate (AOC) umbrella and inadequately covers crew certification standards. To help fill in these gaps, the table recommends establishing a dedicated ‘Air Medical Transport’ AOC category, standardizing crew training and establishing medical equipment standards. It also focuses on

the convergence of local rules with global standards including ICAO and EASA to enhance compliance and improve the quality of service.

Table 2 Comparative Study Data

Country	Operational Model	Regulatory Framework	Lessons for Pakistan
USA	24/7 operations with hub-and-spoke model and integrated telemedicine.	Air ambulance services are regulated with separate standards under the FAA and EASA.	Adopt a similar hub-and-spoke model, ensure telemedicine integration, and standardize operations.
Canada	Use of both fixed-wing aircraft and helicopters, 24/7 operations with telemedicine.	Strict regulations for air medical operations, including crew training, equipment, and safety standards.	Regulatory framework can be adapted for Pakistan, particularly crew training and medical equipment standards.
Australia	Hub-and-spoke operational structure with emphasis on rural and remote area coverage.	Regulated by the Australian Civil Aviation Safety Authority (CASA), with specific rules for air ambulances.	Can adapt Australia’s focus on regional and underserved areas, ensuring national coverage.
Pakistan (Proposed)	Proposed hub-and-spoke model with central bases and regional helipads in underserved areas.	Currently lacking dedicated air ambulance regulations under the CAA, requiring new amendments and standards.	Need to establish clear regulations, standardize operations, and introduce a specialized air ambulance category.

Table no 2 shoes the comparison of common practices of air ambulance service in USA, Canada Australia and the proposed practices for Pakistan. And in developed markets, there are robust regulatory frameworks around 24/7 service provision, hub-and-spoke models and telemedicine integration. It focuses on uniform crew training, safety protocols, and regional coverage. Unlike Pakistan, in Pakistan there are no regulations regarding air ambulance. They recommend the establishment of central hubs with regional helipads all over Pakistan, regulatory reforms, standardized operations and establishing a separate category for air ambulances at the CAA.

Table 3 Stakeholder Consultation Data

Stakeholder	Key Insights	Recommendations
CAA Officials	Identification of regulatory gaps, need for new certifications for air medical transport.	Revise AOC categories, introduce air ambulance licensing, and align with international standards.
Emergency Physicians	Challenges with current emergency transport system, the need for faster, accessible services.	Ensure rural and remote area coverage, implement quick response systems.
Aviation Experts	Expert opinions on aircraft requirements, operational readiness, and safety protocols.	Ensure compliance with international safety standards, require specific training for medical teams.
Private Operators	Financial feasibility, incentives, and investment mechanisms for private sector engagement.	Provide financial incentives, tax exemptions, and revolving loan funds to encourage private investment.

Key stakeholders engaged in the establishment of integrated air ambulance services in Pakistan have been highlighted in table 3 along with an account of their views. CAA officials identified regulatory gaps and specific certifications, with recommendations to rework AOC categories and align with international standards. Emergency physicians said they needed speedier transport, and in places like rural areas, more accessible transport. Aviation experts stressed safety, the right aircraft and specialized training. Private operators highlighted financial constraints, calling for incentives such as tax breaks and loan facilities to galvanise private sector participation. Together, these consultations highlight the need for a comprehensive, multi-stakeholder approach.

Table 4 Economic Modeling Data

Financial Incentive	Details	Impact on Sustainability
Tax Exemptions	Five-year exemption from import duties for aircraft and medical equipment used in air ambulance services.	Reduces initial cost burden, enabling private sector participation.
Discounted Slot Fees	Preferential access and lower usage fees at government-owned airports and helipads.	Increases operational feasibility by lowering access costs for private operators.
Revolving Loan Fund	Low-interest credit facility for aircraft purchase and medical equipment installation, managed by State Bank of Pakistan.	Facilitates investment in essential equipment, ensuring long-term viability of services.
Insurance Integration	Encourage private and public insurers to cover air ambulance services, ensuring affordability.	Ensures a steady revenue stream and affordability for the public, enhancing service sustainability.

Table 4 highlights economic modeling—Use of targeted financial incentives to promote air ambulance services Tax breaks for aircraft and medical equipment facilitate low-cost entry, promoting private sector engagement. Operational affordability is further enhanced by discounted slot fees at government facilities. To make essential purchases more affordable and to ensure long-term viability, a revolving loan fund operated by the State Bank of Pakistan facilitates low-interest financing. Urban air mobility coverage in insurance policies would also make the service accessible and economically sustainable for individuals and operators.

FINDINGS

Despite they being relatively strong, the research into initiating air ambulance services in Pakistan indicates that some information regarding possible regulatory, operational and financial constructs are there to promote the viability of such a service. First, the regulatory analysis found major deficiencies in the existing regulatory framework for air ambulance operations. Pakistan's Civil Aviation Authority (CAA) does not have specific regulations for air medical transport, and such services are conducted with general aviation licenses that do not have standardized safety and medical protocols in place. A new category under the Air Operator Certification (AOC) system is required for air medical transport, the study argues. This will entail detailing the approved aircraft types, confirming that the medical-grade equipment is installed on the aircraft, and specifying crew licensing and certification to match internationally recognized standards such as those defined by the International Civil Aviation Organization (ICAO) and the European Union Aviation Safety Agency (EASA). Ensuring the safety, quality, and reliability of the air ambulance service therefore requires these regulatory adjustments (MacFarlane, et al., 2005).

The international models comparative study identified best practices from countries with existing air ambulance systems, such as United States, Canada, and Australia. These nations have implemented the hub-and-spoke operational structure, where central air ambulance bases (hubs) are augmented by satellite units (spokes) to provide coverage to rural and remote regions. This model guarantees faster response and better service delivery which can be tailored according to Pakistan's unique topographical and infrastructural requirements. These nations have also embraced telemedicine, enabling on-the-fly consultations between air medical crews and specialists even while patients are en route, improving patient outcomes. It was recommended that this procedure is adopted in Pakistan so that critical care does not stop en route (MacFarlane, et al., 2005).

In stakeholder consultations, CAA officials, emergency physicians, aviation experts and private-sector operators were among those offering useful insights on the technical feasibility of operationalising air ambulance services in Pakistan. CAA officials said they recognize the need for an air medical transport category that would require its own safety standards. Emergency physicians emphasized how a country's emergency transport system has gaps, especially in rural and underserved areas, where ground ambulances are not available, or they are poorly staffed. Aviation wranglers talked through the technical and operational needs for both aircraft and crew, emphasizing the need to adhere to aviation standards that exist globally. Private operators stressed the need for financial differentials, such as tax exemptions, reduced airport fees, and revolving loan funds to provide mechanisms for the private sector to fund air ambulance services. The service's scalability and long-term sustainability depend on these incentives which are like the user rewards (Jat, et al., 2004).

The economic modeling based on the research established the potential to operate air ambulance economically in Pakistan, should certain financial mechanisms be established to facilitate this. The financial incentives that would be offered (tax relief for aircraft and medical equipment, preferential airport access, low-interest loans) would, therefore, dramatically reduce the barriers to entry for private operators. Insurance integration is the second major finding, where private and public insurers are encouraged to cover air ambulance services so that these services are affordable for patients and provide a stable revenue stream for operators. These actions are important for the long-term financial viability of the air ambulance service.

In conclusion, these results indicate that regulated air ambulance service is not only feasible in Pakistan but imperative to bridge significant gaps in emergency medical transport provision across the spectrum of our population, especially for rural communities. The study also indicated that by incorporating international best practices, the American model, and appropriate financial incentives, a suitable regulatory framework would be crafted to ensure the adequate implementation of air ambulance services as a life-saving method of transport to facilitate emergency healthcare delivery in the country. Pakistan needs an air medical transport system, which the CAA, the Ministry of Health and private operators can create. It is time Pakistan covers more territories and widens scope for efficient emergency services that also benefit health care.

DISCUSSION

Air Ambulance Services in Pakistan: A Critical Step Toward Addressing Emergency Medical Transport Deficiencies The presenters noted that the findings praise the proposed air ambulance model as it would reduce response times, expand the reach of healthcare and ultimately save more lives, particularly in remote and underserved parts of the country. This discourse goes into detail about the implications of the findings, barriers for implementation and the possible effect of the air medical transport on health system of Pakistan (Jat, et al., 2004).

REGULATORY FRAMEWORK AND POLICY DEVELOPMENT

The absence of a clear and dedicated regulatory regime is one of the foremost factors in the failure of air ambulance services to take off in Pakistan. General aviation is at present regulated by the Civil Aviation Authority (CAA), with no specific air medical transport category. The study highlights the necessity for a new unique classification of the Air Operator Certification (AOC) system of "Air Medical Transport". This regulatory shift is of paramount importance. Air ambulance services may find it impossible to meet the standards of safety, quality, and professionalism expected of healthcare providers without the guidelines and standards. Regulatory system will ensure that air ambulance services operate in accordance with international safety and medical standards such as those required by ICAO and EASA (Jat, et al., 2004).

Other important provisions that would be defined by the proposed regulations include types of aircraft that would be approved, medical-grade equipment requirements and crew training and licensing. Such guidelines would give operators a clear guideline on how to launch and run services, whilst at the same time ensuring that air ambulance services are conducted safely and effectively. Furthermore, such regulatory oversight through a joint committee comprising members of the CAA and the Ministry of Health would ensure the consistent adherence of both the aviation and healthcare standards as well as the full integration of air medical transport services into the wider operational framework of the emergency healthcare system.

OPERATIONAL CONSIDERATIONS

A comparison of international air ambulance systems found that many of these countries operate a hub-and-spoke system, a model that has been adopted in the United States, Canada, and Australia with proven results. The hub-and-spoke model is designed so that central air ambulance bases (hubs) are positioned in urban areas, while regional helipads (spokes) are utilized in rural or underprivileged areas, where they can provide faster response times. This model, if implemented in Pakistan, can revolutionise the process of emergency medical transport, especially for remote regions that remain severely underserved, such as Balochistan, Gilgit-Baltistan and other rugged tracts, where conventional ground ambulance systems struggle to reach. If Pakistan could set up air ambulance hubs in major cities – Karachi, Lahore, Islamabad and Peshawar – and satellite bases in the countryside, life-saving medical transport would be available around the clock (Channa, et al., 2008).

In addition, integration of telemedicine would be an integral part of the air ambulance services. The utilization of real-time video and ICU telemetry during air transport makes it possible for a full medical team to consult with specialists en route to ensuring the best care possible. This incorporation of telemedicine would be most impactful when treating trauma, stroke and cardiac situations, where time sensitive specialized care is necessary. If implemented, these practices can improve emergency management in Pakistan, decongest hospitals when secondary transfer is required, and stabilize patients in transit.

STAKEHOLDER CONSULTATION AND FEASIBILITY

Stakeholder consultations held through CAA officials, emergency physicians, aviation experts, private sector operators highlighted the viability of introducing air ambulance services. The current passenger aeroplanes framework to be amended substantially. ISO9080 and CAA officials said they will examine how air ambulance needs can be addressed under specialized regulations for air ambulance. Yet these amendments can be overcome. It is possible for Pakistan to make a country-specific regulatory system for air medical transport, as seen in different nations with long-established air ambulance services, with dedicated policymakers and regulatory bodies addressing the matter.

Emergency medicine doctors emphasized the inadequacies of current ground ambulance functions, especially in rural areas of the country where bad road conditions and longer travel times make swift medical service impossible. They stressed access to rapid air evacuation is essential to improve patient outcomes for certain conditions, like trauma, cardiac arrest and stroke. Also, the medical profession's endorsement of air ambulance services emphasizes how important those services can be to increasing survival rates, particularly during the vital "golden hour" period.

But aviation experts, meanwhile, said that included using specialized helicopters and fixed-wing aircraft that would have been outfitted with advanced life-support equipment. They also suggested that the crew receive extensive training to meet standards both in aviation and medical care. The private sector's participation would play a key role in funding and operating these services, and they cited financial incentives like tax exemptions, discounted airport fees and low-interest loans as essential in drawing private investment. Providing these incentives may gradually reduce some of the start costs for example purchasing aircraft and medical equipment, and therefore ensure that air ambulance companies are profitable and maintain long-term financial viability.

ECONOMIC IMPLICATIONS

The cost modeling performed in the course of this research indicates that air ambulance services can be feasible in Pakistan. The research also proved financial incentives needed to invest the private money in the air ambulance industry. Pakistan can incentivize private operators to enter the fray through tax exemptions on aircraft and medical equipment, reduced slot fees at airports owned by the government without the involvement of the Public Sector Development Programme. The State Bank of Pakistan would set up a revolving loan fund to enable private operators to buy aircraft and set up medical equipment without it leading to overdues. Killing existing revenue streams would rapidly lower the barriers to entry for private companies while also increasing competition and forcing them to deliver better quality and lower-cost services to patients.

Another recommendation involves the incorporation of insurance into the air ambulance model. Introducing air ambulance services in Pakistan Air ambulance services are an emerging option of medical care in Pakistan. By enabling patients to secure urgently needed medical transport without exorbitant costs, insurance coverage would make air ambulance services financially viable.

CHALLENGES AND LIMITATIONS

Although the initial findings of this research provide an encouraging route towards implementing air ambulance services in Pakistan, certain challenges in their implementation are inevitable. The initial cost of setting up air ambulance services is expensive, and a lot will need to be invested from both public and private sectors in getting this up and running. The transition to new regulations and joint CAA-Ministry of Health oversight body, all of which will take time, democratically and legislatively, will certainly require coordination and political will, as well as time for changes in legislation, regulations, and social perception to be implemented. Air ambulances are also complex to operate in a country like Pakistan, given its geographical diversity and therefore logistical challenges. More remote areas might lack access to critical infrastructure that supports air ambulances, like helipads or refueling stations. Addressing these logistical hurdles will necessitate careful planning and investment in infrastructure development to facilitate the efficient and safe operation of air ambulances throughout the country.

POLICY RECOMMENDATIONS

Based on the findings and discussion, the following policy recommendations are suggested for the establishment and sustainability of air ambulance services in Pakistan. The recommendations focus on the current void within the emergency medical transport system, the regulation of air services and the successful rollout of the robust air ambulance service. **1. Create "Air Medical Transport AOC Category**

The operational standards that would outline equipment and airworthiness protocols for air ambulances would fall into this category. Must specify approved aircraft types and ensure that all medical transport aircraft have state-of-the-art life-support equipment (ventilators, defibrillators, monitoring, etc.). Such airworthiness protocols would ensure air ambulance services are effective and meet international medical aviation standards.

MANDATE DUAL CERTIFICATION FOR CREW

In order to uphold the most superior standards of care and safety, dual certification of air ambulance crew should be mandatory. Both aviation and medical certifications should be held by crew members, including pilots and medical personnel (paramedics and flight nurses). Pilots are trained and licensed for rotorcraft or fixed-wing aircraft based on the service type, while medical personnel must complete specific air medical training in accordance with international guidelines laid down by ICAO/ EASA. This is to ensure that the air medical crew possess the right skill set to manage serious medical challenges in the air but still be able to operate the aircraft safely and efficiency. Clarifying the need for dual certification will facilitate better patient care and operational safety by ensuring that both the medical and aviation aspects meet stringent standards (Lockey, 2001).

ESTABLISH CAA–MINISTRY OF HEALTH OVERSIGHT COMMITTEE

There will be need for proper monitoring and evaluation and to ensure continuous quality improvement means a joint oversight committee that will have representatives from the CAA and the army ministry of health must be set up. This committee would be responsible for enforcing clinical and operational standards, monitoring data related to air ambulance missions, and conducting regular safety audits. The committee would also be responsible for reviewing clinical protocols, infection control measures, and equipment standards to maintain consistency of air medical services with national and international standards. This is to be a no excuse reporting and audits would promote accountability as well as allow operational procedures to be refined in routine with input for ongoing data and feedback. This collaboration between the CAA and Ministry of Health will also ensure the integration of air ambulance services within Pakistan's broader healthcare infrastructure, improving coordination and response times across urban and rural areas (Lockey, 2001).

IMPLEMENT FINANCIAL INCENTIVES

Implementing tiered and well-designed financial incentives are essential to facilitate private sector engagement and the sustainability of air ambulance services in Pakistan. One important initiative is to offer tax exemptions, including a five-year tax break on import duties on aircraft and medical equipment designed specifically for air ambulance operations. This would lower the upfront capital investment required to a large extent, which would motivate more private operators to enter into the sector. Similar subsidy-based access to airports should be made available through reduced slot fees at government-owned airports and helipads. This would be more affordable and convenient in day-to-day operations, particularly in services operating in inaccessible or underserved regions. Additionally, a low-interest fleet loan program managed by the State Bank of Pakistan would be pivotal in supporting the procurement of the required aircraft and onboard medical tools. This revolving fund would provide loans at advantageous interest rates to alleviate the financial load on private companies and encourage long-term investments in the sector. Finally, it is important to create public-private insurance partnerships. Including air ambulance coverage within insurance schemes would mean that services are kept affordable to the public and provide a sustainable and bankable source of revenue for the provider. Collectively, these financial measures can contribute to a supportive environment for private investment while improving the sustainability and accessibility of air ambulance services nationwide.

ADOPT A HUB-AND-SPOKE OPERATIONAL MODEL

Air ambulance services need to adopt a hub-and-spoke operational model so they are available countrywide. In this model, the central hubs would be set up in major cities — Karachi, Lahore, Islamabad, and Peshawar — with satellite bases to reach out to underserved areas particularly in the rural regions of Balochistan and Gilgit-Baltistan. So these regional bases should be strategically positioned next to some large hospitals, or healthcare centers where you can get quick access to emergency care.

As such, this operational model would enable the air ambulance service to rapidly react to emergencies in urban and remote environments alike; thereby improving response times and patient outcomes. It would also enable the allocation of resources much more efficiently, with central hubs directing operations and distributing aircraft as necessary.

INTEGRATE TELEMEDICINE

Telemedicine integration is one of the most important elements of modern air ambulance services. Airships should feature real-time video and ICU telemetry connections onboard to allow flight medical teams to contact specialists while en route. This collaboration will enable the medical crew on board to receive real-time expert advice, enhancing the stabilization and care of patients in flight. Telemedicine integration can be particularly beneficial in complex medical cases, including trauma, cardiac events, and stroke, in which rapid specialized assistance may be critical. With the availability of telemedicine services, patients can consult with specialists based at the hospital they are admitted to, so even before their admission to the hospital, patients can have the most appropriate medical interventions which help reduce co morbidities and allows for faster recovery.

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