

# Integrated Framework for Action

National Action Plan for Prevention and Control of Non-Communicable Diseases and Health Promotion in Pakistan

The **Integrated Framework for Action** is a concerted and integrated approach to addressing the multidisciplinary range of issues within a prevention, control and health promotion framework across the range of NCDs. It is modelled to impact a set of indicators through the combination of a range of actions in tandem with rigorous formative research.

| Action Agenda Items  | Process Indicators  | Output Indicators  | Outcome Indicators  |
|--|---|--|---|
| <b>C Integrated Action Items (Common to Cardiovascular Diseases, Diabetes, Tobacco Use, Chronic Respiratory Diseases, Cancer, Injuries and Mental Illnesses)</b>   |   |  |   |
| <b>C 1 Surveillance<sup>1</sup></b>  |   |  |   |
| <p><b>Process</b><br/>Development and maintenance of an integrated population-based NCD surveillance system incorporating programme monitoring and evaluation components</p> <p><b>Outputs</b><br/>Technical and scientific publications</p> <p><b>Intermediate Outcomes</b><br/>Surveillance and process evaluation data used for decision making</p> | <p>Consultations and workshops for the development of an integrated methodology and tools for a common population-based NCD surveillance system/programme evaluation system</p> <p>Definition of most relevant indicators for monitoring and evaluation in all NCD domains</p> <p>Building technical capacity and training assessment at various levels</p> <p>Development of methodologies for qualitative research (policy and evaluation)</p> <p>Description of data sources</p> | <p>Reports and publications produced through acquisition of data</p> <p>Feedback of information to health authorities</p> <p>Information provided to media</p> <p>Presentations and seminars for public, health professionals and policy makers</p> <p>Number of individuals and professionals reached with results</p> <p>Results/material disseminated to policy makers, public, media and professional groups</p> <p>Demands received to obtain programme information</p> <p>Creation and utilization of database sources</p> | <p>Decisions made using process evaluation indicators**</p> <p>Policy, programme or scientific insights obtained through indicators**</p>   |
| <b>C 2 Integrated Behavioural Change Communication Strategy</b>  |   |  |   |
| <p><b>Process</b><br/>Development of a research-guided, behavioural change communication strategy for NCDs. Implementation at the national level through media and community interventions.</p> <p><b>Output</b><br/>Media and community interventions</p>   | <p><b>Common to Media and Community Interventions</b><br/>Definition of issues associated with the target group; baseline assessments of knowledge level, practices and perceptions</p> <p>Definition of clear measurable objectives</p> <p>Constitution of multidisciplinary teams consisting of</p>   | <p><b>Common to Media and Community Interventions</b><br/>Implementation of a high visibility behavioural change communication plan incorporating strong social marketing approaches</p> <p>Integration of all NCD domains in the mutually reinforcing plan</p>  | <p>Proportion of individuals currently smoking cigarettes**</p> <p>Proportion of individuals with knowledge relating to the ill effects of tobacco*</p> <p>Proportion of individuals with knowledge relating to the ill effects of passive smoking*</p> |

<sup>1</sup> A common population surveillance mechanism for all NCDs (with the exception of cancer). The model includes population surveillance of main risk factors that predict many NCDs and combines modules on population surveillance of injuries, mental health and stroke.

| Action Agenda Items   | Process Indicators   | Output Indicators   | Outcome Indicators  |
|---|--|---|---|
| <p><b>Outcome</b><br/>Change in awareness (intermediate outcomes) and risk factor levels (outcomes)</p> | <p>members from the media, public health specialists, national programme managers, NGOs, community activists, local opinion leaders, etc.</p> <p>Workshops and consultations to define measurable objectives</p> <p>Consultations to link programme assessment and process evaluation with risk factor surveillance</p> <p>Development of a high visibility behavioural change communication plan incorporating strong social marketing approaches</p>                           | <p>Linkage of programme assessment and process evaluation with risk factors surveillance</p>  | <p>Proportion of adults with knowledge relating to the risks of cancer*</p> <p>Proportion of adults with knowledge relating to the warning sign of cancer*</p> <p>Proportion of individuals with knowledge relating to the risks of diabetes*</p> <p>Proportion of <i>at-risk</i> individuals screened for diabetes**</p> <p>Proportion of individuals using seatbelts in cars**</p> <p>Proportion of individuals using helmets while on motorbikes**</p> |
|   | <p><b>Media Interventions</b></p> <p>Development of linkages with media</p> <p>Integration of social marketing concepts with media interventions</p> <p>Definition of target messages</p> <p>Development of strategies for communicating messages and selection of mediums</p> <p>Development of messages and vignettes</p>  | <p><b>Media Interventions</b></p> <p>Hours of average exposure per year to various educational messages</p> <p>Percentage of target population reached by various activities</p> <p>Number of electronic media interventions per year</p> <p>Number of print media interventions per year</p> <p>Number of news releases</p> <p>Increase technical capacity to set up/organize/implement social marketing campaigns</p> | <p>Proportion of individuals having suffered a Road Traffic Crash**</p> <p>Proportion of individuals requiring medical treatment for injuries**</p> <p>Proportion of individuals aware of the cardiovascular disease risks *</p> <p>Proportion of inactive persons**</p> <p>Median level of physical activity**</p> <p>Proportion of individuals eating less than 5-7 servings a day of fruits and vegetables**</p>                                       |
|   | <p><b>Community Interventions</b></p> <p>Assessment of community needs</p> <p>Profiling of community resources</p> <p>Definition of community activists and leaders</p> <p>Development of linkages with social development organizations</p> <p>Development of linkages with primary healthcare systems, National Programme for Family Planning and Primary Health Care and local NGOs</p> <p>Workshops/consultations to develop the methodology for community interventions</p> | <p><b>Community Interventions</b></p> <p>Number of coalitions built</p> <p>Number of community meetings held</p> <p>Number of members present in meetings</p> <p>Relevant community stakeholders absent from meetings</p> <p>Number of partners supporting and not supporting decisions</p> <p>Number of advocacy actions taken</p> <p>Tools of intervention developed</p>  | <p>Mean BMI**</p> <p>Mean waist circumference**</p> <p>Mean blood pressure levels**</p> <p>Proportion of overweight and obese individuals**</p> <p>Proportion of individuals screened for high blood pressure**</p> <p>Proportion of individuals with high blood pressure**</p> <p>Proportion of individuals on treatment for high blood pressure**</p>   |

| Action Agenda Items  | Process Indicators  | Output Indicators  | Outcome Indicators   |
|--|---|--|--|
|  | <p>Workshops/consultations to develop the tools of intervention</p>   | <p>Number of preventive activities initiated, groups targeted; number of individuals participating</p> <p>Development of a locally applicable and relevant intervention strategy</p> <p>Type and extent of resources committed by various partners</p> <p>New trained persons with technical skills</p> <p>New information systems to assess community skills</p>  | <p>Proportion of individuals with knowledge relating to mental illnesses and their prevention*</p>   |
| <b>C 3 Integrated Reorientation of Health Services</b>   |   |  |  |
| <p><b>Process</b></p> <p>Development and implementation of a sustainable, scientifically valid, culturally appropriate and resource-sensitive CME programme for professional education and involvement of all categories of healthcare providers in the prevention of NCDs and its integration in health services</p> <p>Upgrading infrastructure in healthcare facilities and ensuring availability of essential drugs at the basic healthcare level</p> <p><b>Outputs</b></p> <p>Sustainable educational opportunities for medical students and all categories of healthcare providers.</p> <p>Upgrading of infrastructure and availability of drugs</p> <p><b>Intermediate Outcomes</b></p> <p>Change in awareness and practices of healthcare providers and change in awareness and risk factor levels of patients</p> | <p>Workshops and consultative deliberations to include the prevention of NCDs in a comprehensive CME programme for all categories of healthcare providers and in the school health curriculum</p> <p>Development of sustainable, scientifically valid, culturally appropriate and resource-sensitive CME programmes for training all categories of healthcare providers</p> <p>Development of educational tools which incorporate resource-sensitive risk management and assessment algorithms</p> <p>Development of strategies to package positive incentives to practice prevention</p> <p>Inclusion of health promotion and disease prevention theory and practice in medical and paramedical curricula</p> <p>Establishment of internships on health promotion and disease prevention at the undergraduate and postgraduate levels</p> <p>Endorsement of efforts by scientific societies</p> <p>Ensuring availability of and access to educational opportunities for physician, non-physician healthcare providers, nurses and undergraduate students</p> | <p>Number of health professionals with access to course/curricula with modules for health promotion and disease prevention</p> <p>Existence of scientifically valid, culturally appropriate and resource-sensitive training tools</p> <p>Number of trained professionals</p> <p>Number of health professionals certified</p> <p>Number of health professionals who acquire preventive knowledge and skills</p> <p>Participation in community, regional and national health promotion activities</p> <p>Adoption of preventive practices by healthcare providers</p> <p>Availability of drugs essential for the prevention of NCDs at all levels of healthcare</p> <p>Number of calibrated blood pressure devices available at all levels of healthcare</p> | <p>Proportion of healthcare providers practicing opportunistic screening for high blood pressure*</p> <p>Proportion of healthcare providers screening at-risk individuals for diabetes*</p> <p>Proportion of healthcare providers screening at-risk individuals for dyslipidaemia*</p> <p>Proportion of healthcare providers screening for breast cancer*</p> <p>Proportion of healthcare providers giving lifestyle advice*</p> <p>Proportion of healthcare providers prescribing drugs which are critical in primary and secondary prevention of NCDs*</p> <p>Number of patients with substance abuse presenting to detoxification centres*</p> <p>Number of patients with mood disorders presenting to psychiatric facilities*</p> <p>Number of referrals to psychiatric facilities*</p> <p>Number of patients with affective disorders presenting to psychiatric facilities*</p> |

| Action Agenda Items   | Process Indicators  | Output Indicators  | Outcome Indicators   |
|---|---|--|--|
| <b>S Action Items Specific to Individual NCD Domains</b>  |   |  |  |
| <b>S 1 Legislative and/or Regulatory Measures</b>   |   |  |  |
| <p><b>Process, Outputs and Intermediate Outcomes</b><br/>Enactment and enforcement of effective legislation</p> | <p><b>Common Process Indicators</b><br/>Activities to garner public support for legislation/regulation essential to the prevention and control of NCDs<br/><br/>Media accounts highlighting the need for legislative and regulatory measures<br/><br/>Multi-stakeholder dialogue between the Ministry of Finance, Customs, economists, multilateral donors and bilateral lending agencies<br/><br/>Fiscal and policy research<br/><br/>Meetings with public and members of the Parliament<br/><br/>Policy and technical submissions in support of legislative and regulatory changes<br/><br/>Proposals to legislators<br/><br/>Establishment of task forces and working groups to support parliamentary committees</p> | <p><b>Common Output Indicators</b><br/>Existence of plans of actions for advocacy groups<br/><br/>Review reports and minutes from parliamentary committees<br/><br/>Mechanism and resources for enforcement of legislation<br/><br/>Participation in hearings<br/><br/>Existence of new legislation/regulations<br/><br/>Legislation/regulations enforced<br/><br/>Public consumer support for legislation/regulations</p>   | <p><b>Common Outcome Indicators</b><br/>Existence of new legislation/regulations*<br/><br/>Legislation/regulations enforced*<br/><br/>Public consumer support for legislation/regulations*</p> |
| <b>Specific Indicators</b>  |   |  |  |
| Mental Health Ordinance 2001  |   | <p>Development of national standards and guidelines for care and treatment of mentally ill patients</p> <p>Number of psychiatric facilities established for assessment, treatment, rehabilitation and after-care of mentally disturbed patients</p> <p>Number of community-based mental health services established</p> <p>Number of mentally disturbed patients admitted for assessment and treatment</p> <p>Number of court cases relating to mentally disturbed patients being processed by a court of protection</p> |  |

| Action Agenda Items  | Process Indicators | Output Indicators   | Outcome Indicators                            |
|--|--------------------|---|---|
|  |                    | Number of visits by board of visitors to jail inmates<br>Number of forensic psychiatric services established<br>Number of cases admitted and retained in facilities according to various sections of the Ordinance<br>Number of managers appointed to handle assets of mentally ill patients                              |   |
| Food standards legislation   |                    | Establishment of country standards<br>Enactment and enforcement of food standards legislation   |   |
| Legislative and/or regulatory measures to reduce dependence on revenues generated from tobacco                                     |                    | Decreased dependence on revenues generated from tobacco<br>Reduced production of tobacco in the market  |   |
| Legislative and/or regulatory measures to discourage tobacco cultivation and assist with crop diversification                      |                    | Withdrawal of direct and indirect subsidies<br>Provision of technical assistance for the cultivation of equally remunerative crops<br>Ensuring insurance protection<br>Tobacco crop diversification<br>Assisting with income support for tobacco farmers until the process of diversification is complete and sustainable | Reduced production of tobacco*                |
| Legislative and/or regulatory measures for gradual phasing out of all types of advertising   |                    | Measures introduced in the Parliament are passed  | Complete ban on tobacco advertising*          |
| Legislative and/or regulatory measures to develop a price policy for tobacco products  |                    | Price policy developed and implemented  | Decline in per capita consumption of tobacco* |
| Legislative and/or regulatory measures to subject tobacco to stringent regulations such as those governing pharmaceutical products |                    | Measure passed by the Parliament  | Relevant laws applied to tobacco*             |

Legislative and/or Regulatory Measures.....Contd.

| Action Agenda Items  | Process Indicators | Output Indicators  | Outcome Indicators |
|--|--------------------|--|--------------------|
| Legislative and/or regulatory measures to deter tobacco counterfeiting   |                    | Enhanced market intelligence<br>Supporting the effective implementation of laws that exist on smuggled contrabands   |                    |
| Legislative and/or regulatory measures to regulate the import of areca nut   |                    | Ban on areca nut import  |                    |
| Legislative and/or regulatory measures to ensure occupational health and safety  |                    | Revision of NEQS<br>Redefinition of the role of independent and transparent third party monitoring of effluent discharge<br>Development of infrastructure capable of specialized analysis necessary for such monitoring efforts<br>Improved understanding of safety in industrial settings<br>Mandatory use of Material Data Safety Sheets |                    |
| Upgrade legislation on building regulations and its implementation   |                    | Existence of regulations and their enforcement   |                    |
| Legislative and/or regulatory measures to ensure safety in the design of locally manufactured vehicles   |                    | Existence of regulations and their enforcement   |                    |
| Development of rules of the National Highway Safety Ordinance; upgrading of the Motor Vehicle Ordinance of 1965 and relevant provincial ordinances |                    | Development and implementation of rules of the NHSO 2000<br>Upgrading of provincial ordinances<br>Upgrading of the MVO 1965  |                    |
| Legislative and/or regulatory measures relating to training of drivers/licensing   |                    | Existence of regulations relating to training of drivers and their enforcement   |                    |
| Development of product safety standards  |                    | Product safety standards developed and implemented   |                    |

| Action Agenda Items   | Process Indicators (common to research)  | Output Indicators (common to research)   | Outcome Indicators (common to research)                           |
|---|--|--|---|
| <b>S 2 Research (specific areas)</b>  |  |  |   |
| Identification of causal associations specific to the population in NCDs in order to define precise targets for preventive interventions                                    | Capacity assessment at various levels<br>Building technical capacity and training assessment at various levels | Existence of qualified personnel, resources and equipment<br>Reallocations to research                         | Scientific contribution to the science of the prevention of NCD** |
| Clinical end point trails to define the best therapeutic strategies for prevention of NCDs weighing cost against economic feasibility                                       | Description of data sources<br>Development of proposals  | Areas where research has been conducted<br>Technologies transferred or given                                   |   |
| Policy and operational research of local relevance in order to examine tobacco tax policies, marketing and advertising strategies   | Development of tools to collect information/data<br>Training courses given or taken to enhance skills          | Feedback of information to health authorities<br>Publications prepared through acquisition of data             |   |
| Assessment of cancer trends within various industrial settings with potential exposure to carcinogenic agents utilizing existing data sources                               | Definition of most relevant indicators for monitoring and evaluation   | Information provided to media<br>Presentations and seminars for public, health professionals and policy makers |   |
| Identification of black spots on highways and within city roads; assessments should guide interventions appropriate to reduce the risk of highway crashes in these settings |  | Number of individuals and professionals reached with results   |   |

\* Intermediate outcomes

\*\* Definitive outcomes