



move for health



Proceedings

Launching of
The National Action Plan for the Prevention
and Control of Non Communicable Diseases
in Pakistan

at the National Seminar
"Move for Health in Pakistan"

April 30, 2003



Ministry of Health
Government of Pakistan



World Health
Organization

Heartfile

A Public-Private Partnership Programme

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THE EVENT IN ITS CONTEXT

The Ministry of Health, Government of Pakistan, World Health Organization in Pakistan and the non governmental organization, Heartfile have formed a tripartite collaboration to develop and implement the National Action Plan for the Prevention and Control of Non Communicable Diseases in Pakistan. This collaboration has been established under a formal agreement, which has been outlined in a Memorandum of Understanding.

The objective of this public-private-international health agency collaboration is to chart a course of action for the Government of Pakistan, with the World Health Organization and Heartfile as partners, for achieving national goals for the prevention and control of Non Communicable Diseases in Pakistan over the next two decades, to 2020. This would encompass development of a policy framework and implementation of a nation-wide public health initiative to address the escalating burden of Non Communicable Diseases in Pakistan.

This initiative was formally launched by the First Lady of Pakistan on April 30, 2003.

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BACKGROUND

As global strategies to counter poverty begin to shape the economic policies of developing countries, which represent more than 80% of the global population, it is imperative to realize that investment in health is a means of stimulating economic growth and reducing poverty. These environments now present a sizeable opportunity to direct investments in health to achieve a two-pronged objective; first, address ailments that generally affect the poor, and second, target those ailments, which perpetually undermine the income-generating capacity of the poor.¹ Within this framework, the rising burden of Non Communicable Diseases (NCD) and their health economic implications need to be fully recognized.

Non Communicable Diseases, which include diseases such as cardiovascular diseases, diabetes, cancer, mental illnesses, chronic lung diseases and injuries are becoming a major global health challenge, particularly for the developing countries. At a global level, major shifts in the burden of disease have taken place within the last two decades projecting that NCD mortality will increase from 28.1 million deaths in 1990 to 49.7 million in 2020.²

In developing countries, this trend poses an unequivocal burden in the wake of challenges imposed by communicable diseases. This realization comes as part of awareness and delineation of the epidemiological transition, a term coined to describe the shift in the disease spectrum from communicable to Non Communicable Diseases. While the developed world has already transitioned, the developing countries are in the throes of the epidemiological transition. The World Health Organization outlined the present burden of disease in the developing countries for the year 2000, estimating that 59% of the total 55 million deaths for that year could be attributable to NCD³.

In addition, a significant increase in the disease burden has been projected over the next two decades, with grave implications in its wake. The international health community has responded to this challenge through a series of Declarations that call for appropriate measures at the policy level to address this issue⁴⁻⁷. The magnitude of the issue has also recently been outlined by the World Health Report 2002,⁸ in which the key risk states of cardiovascular disease (high blood pressure, high cholesterol levels and tobacco consumption) have emerged amongst the 10 leading risks to health in all regions of the world. The emergence of the NCD epidemic, when viewed against the meagre per capita average budgetary expenditure on health for most developing countries,⁹ presents a unique health economic challenge. This is even more critical as these countries brace themselves for the double health burden, not having yet effectively addressed the communicable disease issues.

Within this context, development of the National Action Plan for the Prevention and Control of Non Communicable Diseases has been initialized in Pakistan for a population of 140 million, against the backdrop of the high prevalence rates of NCD; high blood pressure which can be taken as a proxy indicator of the burden of NCD, alone affects more than 30% of the adult population over the age of 45, warranting aggressive preventive strategies.¹⁰ The need to address this issue is also reiterated in view of the serious health economic challenges that reflect in a per capita income of US \$ 500 and total health expenditure at 0.8% of the GNP.¹¹

Pakistan therefore faces a double challenge with regard to the health of its population; where it was dealing with the overwhelming burden of communicable diseases it is now also encountering a rise in the NCD with serious health economic consequences. It is therefore imperative that effective preventive and control strategies be initiated now at grass roots level before the magnitude of the problem becomes insurmountable.

Fortunately NCD are preventable to a large extent. Prevention and control can be achieved by addressing the common risk states of these diseases which include avoidance of tobacco use, healthy diet and regular physical activity, avoidance of obesity, addressing behaviours that predispose to mental illnesses and injuries and other measures to prevent certain cancers through a range of cross cutting interventions.

The required response to address this issue is multidimensional and inter-sectoral, which warrants the development of a concerted National Plan of Action developed with the inputs of all key stakeholders.

Initiation of the tripartite collaboration between the Ministry of Health, Government of Pakistan, WHO and Heartfile represents a partnership arrangement between the public and the private sectors and an international agency to maximize on the strengths of each, in order to engage in a multidimensional process that needs to be initiated to respond to this challenge.

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- ⁹ World Development Indicators 2001. The World Bank, Washington, 2001.
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MEMORANDUM OF UNDERSTANDING

The Ministry of Health Government of Pakistan, in collaboration with the World Health Organization, and Heartfile have initiated the process of developing a National Action Plan for the Prevention and Control of Non Communicable Diseases in Pakistan. A Memorandum of Understanding (MoU) was signed to initialize this tripartite collaboration on the 30th of April 2003 at a formal launching ceremony, which was inaugurated by the First Lady of Pakistan. A copy of the MoU enclosed as Appendix A.

The MoU recognized that Non Communicable Disease Prevention and Control should now become one of the priority areas in the health sector in Pakistan and that the commitment of the Government is essential to take appropriate measures at a national level to address this issue. It also acknowledged that the NCD prevention and control strategy in Pakistan should be formulated with inputs from all key stakeholders and that the role of specialized individuals and organizations is crucial in assisting the Ministry of Health in the formulation of the NCD prevention and control strategy.



Dr. Ashfaq Ahmad, on behalf of the Ministry of Health; Dr. Khalif Mohamud Bile, on behalf of WHO and Dr. Sania Nishtar on behalf of Heartfile signing the Memorandum of Understanding in the presence of Federal Secretary Health, Government of Pakistan, Mr. Ejaz Rahim and Prof. Kazi A. Shakoor.

As part of this agreement, development of the National Action Plan will involve a consultative process involving the main collaborators and the key stakeholders. Heartfile is to take a lead role in the development of the National Action Plan and would be facilitated and supported in the relevant areas of work where needed, by the Ministry of Health and the World Health Organization.

LAUNCHING OF THE NATIONAL ACTION PLAN FOR THE PREVENTION AND CONTROL OF NCD

OVERVIEW

The National Action Plan was launched by the First Lady of Pakistan at an elegant ceremony on April 30, 2003 at Hotel Serena in Islamabad. The launch of the National Action Plan coincided with the globally observed Move for Health day; the theme and concept of which was highlighted at the launching ceremony.

The launching ceremony was co-hosted by the Minister of State for Health, WHO representative in Pakistan and President, Heartfile. This represented, the first time a public-private-international health agency collaboration was developed to launch a National Plan of Action with a Health-related focus in Pakistan.

The Minister welcomed the guests and highlighting the emerging importance of NCD, announced the signing of the MoU; he outlined the strengths of the collaboration and placed upon Heartfile, the responsibility to take a lead role in developing the National Action Plan.



Launching of the National Action Plan: the First Lady flanked by Mr. Hamid Yar Hiraj, State Minister for Health and Dr. Sania Nishtar, President Heartfile

The First Lady in her inaugural address emphasized the importance of healthy lifestyles and pledged her full support for the initiative and welcomed the tripartite collaboration. Dr. Khalif Bile Mohamud, WHO representative in Pakistan elaborated on the challenge of NCD in the developing countries and highlighted the potential of population interventions in this regard. Dr. Sania Nishtar, President Heartfile spoke about the objectives of the National Action Plan on NCD Prevention and Control and outlined the planned activities within that framework.

The inauguration also featured a narrative by a member of the Lady Health Worker (LHW) Network of the National Program for Family Planning and Primary Health Care of the Government of Pakistan. The LHW talked about the role of LHWs in the communities in stepping up health care at the grass roots level; within this framework, she highlighted the impact of the "Lady Health Worker and Heart Health Pilot Project" as part of which, Heartfile has introduced a module for the prevention of cardiovascular diseases into the work-plan of the LHWs.

The media response to this events was enormous. All major newspapers featured major coverage of the event; in addition, a special 10 minute overview of the initiative was aired on the main national news bulletin, which is viewed by more than 80% of Pakistan's population. This overview highlighted the tripartite collaboration and the respective role of the three parties, signing of the MoU, the concept and principles of NCD prevention, and the first Lady's role in this regard.

STATEMENTS

Statement of Mr. Hamid Yar Hiraj, Minister of State

Begum Sehba Musharraf, Ladies and Gentlemen,

It is an honour and a pleasure to welcome you to this function in connection with the World Health Day. As has previously been stated, April 7th of each year is designated as World Health Day and celebrated by the 191 member countries of the World Health Organization to emphasize significant issues in public health of worldwide concern. The theme for the World Health Day 2002 "Move for Health!" highlights the importance of physical activity and a healthy life style in the prevention of the majority of the chronic, Non Communicable Diseases.

This function is meant to focus attention on Non Communicable Diseases. These diseases, especially Cardio-Vascular Diseases are now a major health burden in the industrialized countries and fast becoming so in the developing counties. The WHO's 2002 World Health Report lists physical inactivity, alongwith unhealthy diet and tobacco use, among the main risks contributing to the global chronic



Mr. Hamid Yar Hiraj, State Minister for Health
speaking at the inauguration ceremony

disease morbidity and mortality. Overall, chronic diseases now account for 60% of premature deaths annually and physical inactivity is estimated to have caused 1.9 million deaths in the year 2000 and about 15-20% of all cases of ischaemic heart disease, diabetes and some cancers. In quantitative terms, we the dwellers of the low and middle-income countries suffer the greatest from the impact of Non Communicable Diseases.

For example, the prevalence of coronary heart disease and diabetes is high and its onset is at a younger age. Hypertension has attained epidemic proportions and what is very disturbing is that its detection rate is low and in those diagnosed, its control rate is low. The misfortune of the people of the developing countries is that technological advancement, industrialization and now globalization are adding fresh loads of diseases to their already unbearable burden of communicable diseases and malnutrition.

Begum Sehba and ladies and gentlemen, while still struggling to reduce mortality and morbidity from infectious diseases and malnutrition, the epidemic of Non Communicable Diseases has caught-up with us. Non Communicable Diseases, which are basically modern life-style diseases, are now estimated to be responsible for over 37% of the disease burden of our population. A high prevalence of high cholesterol levels has been found even in the population of the rural areas and among the low socio-economic groups of the country. Smoking and tobacco use is prevalent and increasing and environmental pollution in the major cities of the country has reached enormous proportions.

Besides imposing a huge burden of suffering and deprivation on individuals and families, these diseases, since they occur in adults in the most productive stage of their lives, are causing an enormous economic loss to the country. Therefore, the control of these diseases is not just a responsibility but has become an economic imperative for the country. It is a good omen that the Ministry of

Health has initiated the process of the development of an Action Plan. In view of its experience in the field, the NGO "Heartfile" has been asked to coordinate the development of the proposed Action Plan and the WHO's role in this initiative will bring dimension of technical expertise. A Memorandum of Understanding has been signed with WHO and "Heartfile" whose President will present the essential features of the Plan. What I would like to emphasize here is that the lynchpin of the Action Plan will be the mobilization of all concerned to undertake concerted action. The required awareness creation and motivation to change unhealthy life styles must come from conviction; it cannot be imposed by any government decree. Therefore, all means and avenues will need to be used to convince the people of Pakistan to adopt and practice healthy living habits.

In the end, I again thank Begum Sehba for gracing this occasion. She has always associated herself in helping the Ministry of Health as well as Civil Society organizations in Project related to human development, women and child rights and health. We value your commitment to noble causes.

Thank You

Statement of a representative of the Lady Health Worker Program (Translated in English)

Begum Sehba Musharaf, Ladies and Gentleman,

Assalaam Alaikum

It is an honour for me to be representing the National Program for Family Planning and Primary Health Care, at this auspicious occasion today. With regard to health, it is very important that there is cooperation and full participation at the level of the community. In fact until the community does not become conscious of improving its health through its own efforts, both individually and collectively in a positive direction, they will not be able to improve their environment and health.

In view of this, the Government of Pakistan has established a department under the National Program for Family Planning and Primary Health Care. The purpose of this department is to enrol women and train them as Lady Health Workers who would then go into the community to promote healthy life styles and impart basic strategies for disease prevention and control.



Ms Zahida Kiani, Lady Health Worker Supervisor,
speaking at the inauguration ceremony

The department of Family Planning and Primary Health Care is based on an extensive network. The Lady Health Workers, as part of this system, go door to door, through out the country, and impart information about basic health and family practice. This network has been supported at both national and international levels.

Lady Health Workers are trained to disseminate information regarding family planning, women and child health, childcare and development, importance of good diet, importance of hygienic practices in routine life, and management of minor ailments.

Through community interaction we learnt that there were other health concerns that needed to be addressed. One of these was the problem of increase trend in smoking in the public. The community, at large, was unaware of the adverse affects that smoking has on the health of the mother and the child. Moreover high blood pressure was common in the community and people wanted to have their blood pressures checked. People also wanted to know about dietary advice relevant to various diseases like diabetes.

Having acknowledged the increasing health concerns in the community we realised that the knowledge of the Lady Health Worker was not adequate to respond to these concerns. We wanted to have more information as part of our course so that we could respond to the challenge adequately.

In this context, the National Program for Family Planning and Primary Health Care collaborated with the Non Governmental Organization Heartfile. Heartfile is working in the field of prevention and control of heart diseases for the past five years, in Pakistan. As a result of this collaboration an agreement was made under which Heartfile took the responsibility of training Lady Health Workers in the area of heart disease prevention in the community. Initially this project has been launched in the District of Lodhran in South Punjab and will be up scaled in the future.

For the training of the LHWs, a coloured booklet has been made in which, healthy life style advice has been given in very easy language. Four areas have been focused in this booklet; these include abstinence from smoking and the adverse affects of smoking on the environment, information about healthy diet, the importance of exercise and the need to encourage regular checking of blood pressure after the age of 35 years.

In our opinion, this is a step in the positive direction; by the addition of this booklet in the training course of the LHWs we have not only expanded on our knowledge but also we would be able to respond to the increasing health problems of the community in a more effective way.

We welcome the alliance between the National Program for Family Planning and Primary Health Care and Heartfile and lend it our active support.

Thank you

Statement of Dr. Khalif Bile Mohamud, WHO Representative in Pakistan

Honorable First Lady, Begum Sehba Musharaf; Honorable Minister of State for Health; Dr. Sania Nishtar, President Heartfile; Secretary Health; DG Health; Excellencies; Distinguished Guests; Ladies and Gentlemen,

At the very outset of my speech, I would like to compliment the Government of Pakistan for placing substantial emphasis on the social sectors particularly health, education and poverty reduction over the past 3-4 years. In the health sector a number of steps were taken to bring about reforms particularly in the most critical areas of primary health care. These steps were characterized by the formulation and implementation of a Health Sector Policy with emphasis on key priority public health interventions that focus on providing essential primary and secondary care services. Some of the outstanding national interventions include: the Lady Health Workers programme, an army of 70,000 community based female workers promoting and preventing disease and delivering basic primary care and reproductive health services; the nationwide polio eradication initiative; the recent strategy for accelerating EPI; the vaccine



Dr. Khalif Bile Mohamud, WHO Representative in Pakistan
speaking at the inauguration ceremony

development initiative at NIH, the up-scaling of TB/DOTS control programme, the nationally endorsed roll back malaria, the enhanced HIV/AIDS control programme and the recent focus on MCH services, where community midwives are to be trained and peri-natal care strengthened. These and many other national interventions, to which WHO is a strong partner, collectively, contribute in reducing infant and maternal mortality and effectively improve the health status of the nation. The nutrition and women's health programmes launched by the MOH clearly indicate the soundness of this charted health policy.

The enacted legislations for Mental Health, Safe Blood Transfusion, Tobacco control and protection of children's rights for exclusive breast-feeding, further substantiate the government's dedication to promote a universally accessible and affordable health system both at the rural and urban level. However, an important area that has been paid scant attention in the past is the prevention and control of Non Communicable Diseases.

Non Communicable Diseases are the leading cause of death and disability worldwide. Disease rates from these conditions are accelerating globally and advancing across regions and social classes. In 2001 alone, NCDs contributed to almost 60% (33.1 million) of all deaths in the world and 46% of the global burden of disease. Based on current trends, these diseases are expected to account for 73% of deaths and 60% of the disease burden in the year 2020. The foremost prevalent NCDs, namely cardiovascular disease, cancer, chronic obstructive pulmonary disease and diabetes are all linked to certain highly preventable risk factors that include tobacco use, unhealthy diet and low physical activity.

The WHO World Health Report 2002 lists physical inactivity among the main risks contributing to global chronic disease morbidity and mortality along with unhealthy diet and tobacco use. Physical inactivity is estimated to cause around 15-20% of cases of ischemic

heart disease, diabetes and some cancers. The risk of getting a cardiovascular disease increases by up to 1.5 times in people who do not follow minimum physical activity recommendations. Worldwide, it is estimated that over 60% of adults are simply not active enough to benefit their health.

The solution to producing health, social and economic benefits from physical activity to all population groups, is quite simple. It entails only 30 minutes moderate-intensity physical activity on a daily basis. The initiative warrants appropriate support from governmental agencies and development sectors, civil society organizations, communities, political and professional organizations and the private sector. WHO is encouraging a wide range of activities, from formulating local and national policies and strategic plans to increase public participation in physical activities and in raising public awareness about priority issues related to health and development. Physical activity is a strong means for individuals to prevent serious disease, and a cost-effective way for societies to improve public health.

The WHO World Cancer Report just released has ominously pointed out that cancer rates could further increase by 50% to 15 million new cases in the year 2020. The report also provides clear evidence that healthy lifestyles and public health action by governments and health practitioners could stem this trend, and prevent as many as one third of cancers worldwide.

Public health interventions that can make a difference by decreasing cancer rates and preventing a third of cases include the reduction of tobacco consumption, adopting a healthy lifestyle and early detection of cancers by periodic screening. Indeed, unless smoking behavior changes in developing countries, three decades from now, premature deaths caused by tobacco will exceed the expected deaths from AIDS, tuberculosis and complications in childbirth combined.

Confident as we are of the legitimacy of our cause and purpose, we must act together as health workers and cooperate with other community sectors to take a united stand against the strongest threat to health in the modern age. We need to urge all other sectors to take part in the control of NCDs.

Let me explicitly point out to the fact that an investment in Health is a practical approach to combat the main causes of ill health, in a credible, effective and ethical manner, and can be seen as the basis for all human development. As we continue to grapple with the menace of communicable diseases let us not ignore the Non Communicable Diseases as their epidemic proportion is already a reality, and puts serious strain on the stretched health systems in many developing countries.

WHO experience shows that even modest but population-wide interventions on diet and physical activity can produce significant changes in the overall chronic disease burden in a surprisingly short period. However, we need to look decades ahead and make a commitment now, to the health of current and future populations in Pakistan.

Through the emerging partnership between WHO, MOH and Hearfile, we are jointly laying down the foundation for a national response to control NCDs in Pakistan. In this endeavor we recognize the need to develop effective mechanisms of coordinated action, integrating the Non Communicable Disease program at district and community level.

Finally, may I take this opportunity to sincerely thank the First Lady, for attending this historical conference, anticipating that with her support and patronage we will succeed and sustain the progress.

Thank You

Statement of Dr. Sania Nishtar, President Heartfile

Spot light on the burden of Non Communicable Diseases:
implications for health promotion in Pakistan:

Begum Sehba Musharraf, First Lady of Pakistan; State Minister of Health, Mr. Hamid Yar Hiraj; Excellencies, Ladies and Gentlemen,

This is the year 2003; imagine that in the country of Pakistan, with a population of 140 million, there is a single outbreak of Polio. The response to this public health disaster would be swift; resources would be mobilized to treat cases and emergency vaccination camps would be set up. Help would be offered by regional and international sources and indeed, Polio would make headlines. The overriding principal that guides this response stems from the basic knowledge of the fact that Polio is a preventable disease and that people in this day and age need not suffer from Polio.

In the same country, and on the same day, more than 10 million individuals suffer from a Non Communicable Disease and more than double that number are at a risk of developing the condition. What needs to be recognized in the public health paradigm of prevention and control is the potential for prevention and control that exists



Dr. Sania Nishtar, President, Heartfile,
speaking at the inauguration ceremony

within the framework NCDs just as it applies within the context of communicable diseases. And it is this particular consideration that underlies the efforts that we are here to launch today.

The National Action Plan on Non Communicable Disease Prevention and Control in Pakistan is being developed as a public-private partnership program as part of a tripartite collaboration between the Ministry of Health, the World Health Organization and the Non Governmental organization Heartfile under a formal agreement for which a Memorandum of Understanding was signed this morning. Allow me to dwell on its context.

Sometime ago, the health related issues of the developing countries were thought of as being synonymous with communicable diseases, such as malaria, tuberculosis, diarrhoea and with reproductive and nutritional health issues and therefore as a result, investments in the health sector were focused in these areas. However recent projections on the future health burdens of the developing countries have brought Non Communicable Diseases to the forefront as an additional major burden of future morbidity and mortality in the developing countries; according to the statistics of WHO for the year 2000, more than 59% of the global deaths were attributable to Non Communicable Diseases as opposed to other forms of mortality such as communicable diseases and injuries.

In Pakistan itself, more than 40% of the adult population over the age of 45 suffers from one form or the other of Non Communicable Diseases, such as heart disease, high blood pressure, diabetes and cancer and the trend seems to be on the rise. This increasing trend is likely to double the burden of disease in countries such as ours and clearly, is likely to have significant health economic implications as a result of cost of care and lost productivity costs.

Clearly the emerging health challenge needs to be addressed. Within the context of the response to these diseases, it is important to know

that most Non Communicable Diseases such as heart diseases, high blood pressure, diabetes, chronic lung conditions and some cancers are preventable to a very large extent. Quoting from the Victoria Declaration “We have the scientific evidence to create a world in which heart disease and stroke can be largely eliminated”

Within this framework, it needs to be recognized that the prevention of Non Communicable Disease warrants the delineation of the potential for prevention and control within the domain of each category. For the prevention and control of cardiovascular diseases for instance, this paradigm encompasses a few principles which centre on addressing lifestyle modalities such as diet, tobacco use, physical activity and stress on one hand, and biological risk states inclusive of high blood pressure, obesity, dyslipidaemia and diabetes on the other. Most of these elements of prevention have a cross cutting relationship and in most instances, prevention aligned caveats offer the opportunity to address not just one facet of Non Communicable Disease but several others as well. Tobacco as a risk, for instance cross cuts cardiovascular disease with chronic lung diseases and cancers and stress, for example, links mental health illnesses and cardiovascular diseases in the framework of prevention and control. This highlights the potential of preventing several diseases by addressing a few risks only.

The prevention and control of Non Communicable Diseases, which seems to be a matter of individual choices and a reflection of behavioural modification warrants changes at several levels and involves the behavioural, social, political and economic will to forge such changes at the level of individuals, the community, the health system and the health policy maker. These considerations have hampered the implementation of the ideal prevention module even in the best of circumstances. In developing countries such as in Pakistan, the traditional health focus on communicable diseases and reproductive health issues places Non Communicable Diseases

further away in the background. It is therefore imperative, as a first step, to recognize and include prevention and control of these diseases as part of the primary health care strategy.

Prevention and control can be achieved only through fostering inter-sectoral partnership with multidimensional components; within this framework, we have to be sensitive to the needs and requirement of the under-privileged in the remote rural settings. There are several examples where inter-sectoral partnerships could impact the prevention and control of NCDs.

Linkages with the education department for creating a supportive environment to step up physical activity in schools, linkages with town planners and municipalities to cater to the physical activity needs of the residents, and interface with the religious opinion leaders and social organizations to promote physical activity for women and the underprivileged are examples of such partnerships.

Within the domain of tobacco, several regulatory, legislative and fiscal, measures tie in the role of the Ministries of Agriculture, Trade, Taxation and Finance and within the domain of food and nutrition, several other stakeholders influence the availability, and the access to healthy food. These are just some of the examples of the multidimensional nature of the inter-sectoral response that needs to be set into place. Clearly this multifaceted strategy has to be structured through a concerted Plan of Action which is acceptable to all stakeholders.

We set up the non profit organization, Heartfile in the private sector to address these issues in Pakistan 5 years ago. I wish to thank the Almighty for the direction that he has given us in that respect. Heartfile is focused on NCD prevention and control in Pakistan and is involved in a range of community interventions and initiatives that reorient health services to respond to the rising NCD burden in Pakistan in a prevention and control focused paradigm. We are also

refining our model for replication in other low resource settings.

However the success of any initiative cannot be realized without the active support of the government, which is why we feel privileged to have partnered with the Ministry of Health and the WHO in this initiative.

I am sure that if we leverage upon the strengths of the MOH, draw on the support of the technical expertise from WHO and combine it with our efforts, that this private public partnership arrangement can bear fruitful results.

I would, in the presence of the first lady, officially express my appreciation for the level of support and facilitation that we have received from the Ministry of Health. And we look forward to working with them for tangible outcomes to promote the health of the nation.

I thank you all for being here with us today

Inaugural Address: Begum Sehba Musharraf, First Lady of Pakistan

Minister of State for Health, Mr. Hamid Yar Hiraj; Dr. Khalif Mohamud Bile, WHO Representative in Pakistan; Dr. Sania Nishtar, President of HEARTFILE, Federal Secretary Health, Mr. Ejaz Raheem; distinguished participants, Ladies and Gentlemen,

I am delighted to be present here to launch the National Action Plan on Non Communicable Diseases Control in Pakistan on the occasion of MOVE-FOR-HEALTH DAY. The theme of MOVE-FOR-HEALTH, I understand, has been globally adopted by WHO to highlight the importance of physical activity and the adoption of a healthy life-style in the prevention of the majority of Non Communicable Diseases.

Allow me to dwell on this theme a little longer. It is my belief that we tend to neglect some basic truths. For us the only effective cure appears to be the use of costly medicines. On the other hand, we have forgotten that simple and regular exercise, simple food, and simple living are the best guarantee against diseases of the body as well as the mind.



Begum Sehba Musharraf, First Lady of Pakistan,
speaking at the inauguration ceremony

The age-old adage still holds good a healthy body and a healthy mind go hand-in-hand. I would like to make a fervent appeal to all my fellow-citizens; please adopt simplicity in your life. Learn to be just to yourselves and to others, by avoiding waste, ostentation, pollution and excess. Please take time for regular exercise and you will discover a healthy sea-change in yourselves!

It is important to impart this message at childhood, through parents. Then it should be followed up at school, through teachers. Equally importantly, it should be instilled through effective use of mass communication media. All this will require a shared vision amongst so many parts of society and government, parents, teachers, NGOs, civil society organizations and Ministries of Education, Social Welfare, Health, Information and Environment.

I have had an opportunity to attend a number of workshops and conferences focusing on health issues facing our people. I believe that Government has been able to formulate a health policy, which is based on "health-for-all". A successful policy needs to have a clear-sighted vision and clear objectives. But it also needs to have a definite programme and concrete projects.

I have learnt of significant developments in expansion of programmes related to Control of Tuberculosis, Malaria and HIV-AIDS, Hepatitis-B & C - all of these are significant killers and threats to the masses, especially the poorer sections of our community. I am aware that the list of diseases is long, and it goes longer every day. The recent SARS epidemic is an example. There are not only the communicable diseases that I have mentioned above to contend with but also an ever-growing incidence of Non Communicable Diseases; there is the epidemic of hypertension and cardiovascular disorders, mental sickness, kidney-related problems requiring extensive dialysis, cancers and diabetes. No Government especially in the developing countries can shoulder this entire burden alone. The

challenge of health can only, in my view, be faced by a partnership of Government, the private sector, NGOs, the civil society and global health and development related organizations. Without an integrated health response involving all stakeholders, success will not be possible.

But there is one stakeholder who is most important to have any dent in the face of overwhelming odds and that is the Public themselves, the Common Citizens who are the real strength of Pakistan. Without their involvement there can be no breakthroughs. That is why we must concentrate on Attitudinal Change in favour of a Healthy Lifestyle amongst the common population. Prevention is the most cost-effective form of positive health intervention. I urge that sufficient attention should be paid to this aspect in the future.

This brings me to the subject of National Action Plan on Non-Communicable Disease Prevention and Control, as a collaborative exercise of the Ministry of Health, WHO and Heartfile, the well-respected NGO headed by Dr. Sania Nishtar. I congratulate the sponsors for giving practical shape to the idea of this partnership in the cause of health. I hope that this 3-pronged partnership between Ministry of Health, an international health agency WHO and a health NGO Heartfile will develop itself into a model for bringing about attitudinal change amongst the target population. Also, that it will be able to deliver a package of much-needed services and skills at the grassroots level with the aim of reducing the ever-growing burden of Non Communicable Diseases in this country.

Let me conclude by re-emphasizing the message with which I began. Our jobs are missionary in the domain of health. There is an ever-increasing burden of suffering, disease and death which reduces the quality of life not only of individuals, but of whole families and the entire nation. We need to rise to the occasion by instituting practical measures. We need to provide effective and equitable health systems, compassionate doctors and affordable and safe drugs. We

need to assist our mothers in labour and children in distress. But above all we need a population alive to its needs, rights and obligations. Relief will only be possible when an enlightened populace owns a life-style based on considerations of physical, mental and spiritual health. It will only be possible when parents, teachers, leaders of society and government functionaries get together against dangers like physical inactivity, unhealthy diet, totally un-necessary use of tobacco and excessive use of sugar and other harmful substances.

The road ahead is difficult. But I have no doubt that with sincerity of purpose and steadfast commitment, we shall make a difference. I wish you success in your endeavours.

I thank you all

Statement of Maj. Gen. (R) Muhammad Aslam, Director General (Health) HI (M).

Begum Sehba Musharaf, the First Lady of Pakistan; Excellencies, Ladies and Gentlemen,

It is my pleasant duty to wrap up this session with a vote of thanks; and a privilege indeed to be thanking you, Begum Sahiba, for taking out the time to be with us today. Your personal commitment has lent an added impetus to this initiative, which has just been launched and we will look forward for a continued support from your patronage as we roll out this program in the larger interest of the health of the nation.

I would take this opportunity to thank Mr. Hamid Yar Hiraj, Minister of State for Health for his support and guidance and Mr. Ejaz Rahim, Federal Secretary Health for his unwavering support towards this cause from inception to implementation. I also wish to express my gratitude to Dr. Khalif Bile, WHO Representative in Pakistan for his kind support, which has been instrumental in this connection.

My special gratitude to Dr. Sania Nishtar, President, Heartfile, who has led this initiative right from the very beginning. She is a forward



Maj. Gen. (R) Muhammad Aslam, Director General (Health) HI (M).
speaking at the inauguration ceremony

looking, innovative and progressive lady and deserves the admiration of us all. Her commitment, hardwork and dynamism will continue to play a central role as we advance in the implementation phase of this program.

In the end I would like to thank the organizing team of the Ministry of Health and Heartfile for its hard work and commitment, which enabled us to put this program together at a short notice.

With this I wish to thank all the participants and welcome you all for a cup of tea.

God Bless you all

TECHNICAL SESSION

April 30, 2003, 13:00-17:00 hours

Subsequent to the launching ceremony of the National Action Plan, a group of experts were convened for the first technical session on the formulation of the National Action Plan. The technical session took lead from the foundations laid down for the development of the National Action Plan in the steering committee meeting held on 18th March 2003 at the Ministry of Health. Dr. Sania Nishtar was invited to hold the meeting on behalf of Heartfile, which will now play a key role in the development of the National Action Plan; Mr. Ejaz Rahim, Federal Secretary of Health chaired this meeting.

Summary of the Proceedings of the Steering Committee Meeting held on March 18, 2003:

- A tentative definition of NCD was formulated to encompass cardiovascular diseases, chronic lung conditions, cancer, injuries and mental diseases.
- A general vision of the government on healthcare with a view to plugging in NCDs as part of the healthcare plan was discussed.
- The group recognized the importance of NCDs and the need to involve the provincial and the district arms of the Department of Health so as to generate a broad buy in. This was considered the critical element for the subsequent implementation of the National Action Plan at the provincial level.
- It was decided that recommendations of the Action Plan should be put forward as part of the perspective plan for the next ten years.
- The meeting recommended that a strategic planning exercise and a consultative process were to be adopted for developing the

National Action Plan, that a situational analysis should be part of this activity and that the process is to be conducted within the framework of the MOU signed between Heartfile and the MOH.

- The Steering committee decided that Heartfile would play a leading role in the development of the Action Plan.
- In the meeting, Dr. Khalif Bile Mohamud on behalf of WHO confirmed that WHO would be willing to come forward as a partner in the development of the National Action Plan. In view of this development, which was widely appreciated, it was decided to redraft the Memorandum of Understanding originally signed between Heartfile and the Ministry of Health in January 2003 to reflect a tripartite arrangement between the Ministry of Health, WHO and Heartfile.
- Other than the long term objectives which focused on the development of the National Action Plan on NCD Prevention and Control, a short to mid term implementation strategy was chalked out to scale up health education interventions in NCDs. Basing this initiative on the expertise and experience of Heartfile, approval was given to launch a joint Ministry of Health and Heartfile nationwide health education project focused on NCD prevention and control.

Outputs of the Technical Session

April 30, 2003, 13:00-17:00 hours

The first Technical Session on the National Action Plan for the Prevention and Control of NCD was held in Hotel Serena on April 30, 2003, immediately subsequent to the launching ceremony. The session was co-chaired by the Ministry of Health, WHO and Heartfile. A broad based representation of experts participated in the technical session.

As part of the agenda, the components of the National Action Plan and the consultative process leading to it were discussed. It was decided that the development of the National Action Plan, would be executed in a phased manner. To begin with, a situational analysis would be conducted within a time frame of 3 months; this would be conducted as a desktop activity to gather available data on current epidemiological evidence for NCD; summarize existing strategies and policy measures, outline gaps in the system, highlight opportunities that exist for integration with existing programs, and analyse the potential for program development and implementation.

Based on the situational analysis an initial working paper would be produced in the following months. The paper will draft recommendations for a policy framework and implementation plan. The working paper will be presented and discussed at the federal, and provincial levels through dedicated workshops with the overall objective of discussing its practical relevance.

Feedback will be sought and incorporated into the working paper to draft the final National Action Plan, which will have province specific implications. The Action Plan will guide the development of project proposals at the provincial level; provincial health departments will implement programs in partnership with the tripartite collaboration.

The strategic multidimensional Action Plan will have multiple implementation components and will guide the prioritisation of

evidenced based medium to long-term program implementation strategies. However, a more specific project with short-term outcomes is currently in the planning phase and will soon be rolled out. This involves a comprehensive health education intervention through the print and electronic media.

PROCESS OF DEVELOPING THE NATIONAL ACTION PLAN

The National Action Plan for the prevention and control of NCDs will be developed jointly by the members of the tripartite collaboration namely, the Ministry of Health, World Health Organization and Heartfile.

Based on the input from the technical session and a series of subsequent in-house meetings at Heartfile, a detailed Planning Process for the National Action Plan has now been drafted. The draft for this process will be posted for comments from the collaborators, members of the National NCD Forum and International Advisory Board (Planning Process: Appendix B)

The tripartite collaboration will establish a consultative process to seek inputs while developing the National Action Plan; health professionals, NGOs, professional societies, community representatives, donor and development agencies, corporate sector and legislators will be invited to the consultative process which will aim at formalizing a strategic line of action for developing the National Action Plan for NCD Prevention and Control in Pakistan.

National and regional committees have been established to guide the consultative process. These committees comprise broad-based representation mutually agreed between the stakeholders to facilitate the development of NCD-related policies and proposals that are tenable. A secretariat has been established at Heartfile to facilitate and coordinate all activities related to the development of the National Action Plan.

The development of the Action Plan, which will be completed over a year, will be executed in a phased manner. To begin with, a situational analysis is presently underway. The situational analysis carried out as a desk top activity would assess the burden of the Non Communicable Diseases, existing policies, practices and

interventions with regard to prevention and control of NCDs in Pakistan. The strengths and gaps identified as a result of the situational analysis would then be utilized to prioritise area of work with regard to research, practices, policies and interventions.

To enrich the process a review of the literature to identify effective NCD prevention and control program in the international settings would be carried out. Once the background information on the local and international setting has been reviewed in detail, technical workshops would be conducted to bring together members of scientific committees comprising of specialists in the identified domains of NCDs in Pakistan. Objectives of these workshops would be to have specific suggestions with regard to prevention and control programs that are reflective of the specialist's experience in the relevant field backed up by strong evidence of effectiveness.

A series of workshops in each disease category would be followed by prioritisation of interventions and activities in each group. Priorities would be set so that interventions, activities and, polices that have the highest impact in terms of prevention and control of diseases are implemented. This process would lead to the development of a stepwise model of the National Action Plan, which would outline areas of work in each field by order of priority. The model of the National Action Plan would be disseminated to the International Advisory Board and the local committees for feedback. This would be followed by a National Consensus Conference and Provincial workshops. Feedback will be sought and incorporated into the Working paper to draft the final Action Plan which will be province specific. The Action Plan will guide the development of project proposals at the provincial level; provincial health departments will implement programs in partnership with the tripartite collaboration.

Appendix C

WEB POSTINGS

An introduction to the National Action Plan for the Prevention and Control of Non Communicable Disease in Pakistan

<http://heartfile.org/nap.htm>

Launching of the National Action Plan for the Prevention and Control of Non Communicable Disease in Pakistan

<http://heartfile.org/naplc.htm>

Memorandum of Understanding

<http://heartfile.org/napmou.htm>

Process of developing the National Action Plan

<http://heartfile.org/napprocess.htm>