

**Partnerships for health systems strengthening – the Heartfile experience in Pakistan**

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## Partnerships for health systems strengthening – the Heartfile experience in Pakistan

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Robust and responsive health systems are vital to improving health outcomes and are known to be amongst the best determinants of health status achievement as are economic growth, per capita income and female education.<sup>1</sup> However the complexity of health systems challenges and the multiplicity of resource inputs needed for strengthening health systems call for harnessing all forms of available resources, leveraging stakeholder potential and building partnerships. Partnerships can enable a collective pursuit towards common objectives and hence bring vigor to individual efforts. Not many examples can be quoted from within the developing countries to show how *civil society-led* partnerships have contributed to health systems' strengthening *at a country level*. This article is focused on a case study of the NGO Heartfile in Pakistan, which emerged from modest beginnings to develop into the country's health think-tank and in the process contributed to health systems strengthening. One of the hallmarks of the NGOs efforts involved the creation of novel partnership arrangements which enabled it to achieve its objectives by capitalizing on the right opportunity within the appropriate arrangement. This article is focused on outlining these partnerships, the purpose for which they were set up, the outcome they were able to achieve and the challenges encountered. The paper sets out by describing the trajectory of the organization subsequent to which it enumerates specific partnerships articulating relevant details within specific contexts.

### Heartfile's organizational trajectory

The Non-Governmental Organizational Heartfile was established in 1998, with an initial focus on cardiovascular diseases (CVDs) prevention and control through public awareness, advocacy and research. In its initial stages, the organization was quick to respond to an unmet need for information about CVDs and therefore the early projects focused on creating awareness through the print media (Table 1).<sup>2</sup> At the same time, it also set up projects to prime physicians through clinic giveaways using opportunistic screening of high blood pressure as an entry point into CVD risk reduction.<sup>3</sup> The initial scope of work also focused on conducting the first case-control study, which defined causal associations for coronary artery diseases (CAD) in Pakistanis and established targets for preventive interventions.<sup>4</sup> In the next phase, the organization set up two pilot and demonstration projects. The first involved a community-based CVD primary prevention project aimed at developing approaches to reducing risk factors in poor populations within a District setting leveraging the strengthen of community development channel.<sup>5</sup> The other involved a health systems intervention focused on developing sustainable and low-resource-setting-sensitive strategies and tools for primary prevention of CVDs and their integration into the work plan of health professionals in a District setting with active participation of the District health offices.<sup>6</sup> At the same time, the organization also engaged in advocacy for CVD and chronic diseases in major way capitalizing its partnerships with World Heart Federation and the World Health

Organization as by that time it was represented on the governing boards of the former and many CVD-allied initiatives of the latter.<sup>7</sup>

These initial efforts came to fruition in 2003 when Heartfile lent impetus to the creation of a tripartite partnership on non-communicable diseases within Pakistan at a national level. As the first program-focused partnership on NCDs from within the developing countries, this tripartite collaboration was constituted by the Ministry of Health, World Health Organization (WHO) and Heartfile and was aimed at developing and implementing a national strategy for NCD prevention and control. Through this initiative, another program was added to Pakistan's public health interventions which had, until then, focused on infectious diseases and reproductive health. The terms of the agreement, stipulated in an official MoU and program parameters placed Heartfile in a lead role both in developing as well as subsequently implementing the *National Action Plan for Non-communicable disease and health promotion in Pakistan* (NAP-NCD).<sup>8,9</sup>

It was during the implementation of this program that the NGO felt the need for a broader systems strengthening effort given that the impediments to program implementation were embedded in systems issues. This realization culminated in the creation of Pakistan's Health Policy Forum;<sup>10</sup> as the country's first health sector think tank, the forum has been designed to assist with the development and implementation of health policies by playing a technically supportive role, performing advocacy and watchdog functions, mainstreaming the voice of the civil society and the people in the health policy process and synchronizing stakeholder efforts for improving health outcomes. Since its official debut in August 2005, the think tank forum has released its first publication on health reforms and has developed a strategic plan, which sets forth the Forum's scope of work in advocating for and supporting the reform process.

The aforementioned roles that the organization played in the public health arena from a non-communicable disease perspective at a program level and at a broader health systems level within a policy context are relevant to Pakistan's health settings. However the organization has also played a major role at the international level over the last decade by partnering in global advocacy efforts around mainstreaming CVDs and NCDs in global development and health planning and has developed innovations for this purpose at the health sector level.

The next section of the paper outlines partnerships that the organization developed, which enabled it to emerge as a catalyst for change within the country. There are many ways in which such partnerships can be categorized – according to the purpose they serve, the configuration of the constituent partners or their status. Partnerships can also be classified simply by outlining organizations with which they have been developed. However, in this paper partnerships will be classified according to the purpose they serve and within this context they will be categorized under: partnership program implementation, outreach enhancement, resource mobilization, advocacy, research and policy. In each partnership category the following partnership parameters will be discussed: the impetus for partnership creation, the purpose for which it was established, the process involved, the

instruments used, partnership configuration, outputs achieved, envisaged outcomes, the manner in which it strengthened the health system and the challenges it encountered.

## Partnerships forged

### 1. Partnership for program development and implementation

**The National Action Plan for non-communicable diseases:** Heartfile lent impetus to the creation of this tripartite partnership with the overall objective of developing and implementing the *National Action Plan for Non-communicable disease prevention, control and health promotion in Pakistan*; this was the first concerted integrated partnership-based approach for the prevention and control of NCDs from within the developing countries. The instrument for developing this partnership was initially a Memorandum of Understanding (MoU) and later a Government of Pakistan Planning Commission project proposal (PC-1). The former was not legally binding whereas the latter was under prescribed stipulations.<sup>11</sup>

Heartfile used the initial instrument – the Memorandum of Understanding – as a tool of advocacy to build the more official relationship and through this ensured that it got both the mandate and the leadership role in developing NAP-NCD. Initially drafted in a bilateral arrangement between the Ministry of Health and Heartfile, this was quickly expanding to a tripartite configuration by inviting WHO into this coalition. The MoU lay the terms of engagement between the partners for the purpose of *developing* the NAP-NCD and its key output was the Plan itself. However on the other hand, the PC-1 established the terms of partnership for program *implementation* outlining the combined governance mechanism, the joint management functions and the specific roles and responsibilities of each partner in this arrangement. This partnership tool has enabled the rolling out of activities and interventions, as outlined in Table 1. The public-private partnership established through this program set the precedence for partnerships where non-profit private agencies could support the Government (the Ministry of Health in this instance) to develop and implement new public health interventions. The integrated approach for NCDs established through this program is envisaged to contribute to health system strengthening in many ways. By integrating diseases for combined actions, integrating actions with existing programs in the health system and harmonizing interventions, the strategy is envisaged to obviate issues that can lead to fragmentation of the health system by imposing independent vertical lines of intervention. In addition Heartfile envisages institutionalizing implementation arrangements within the Ministry of Health over the medium term and in line with this approach is transferring many implementation responsibilities to counterpart arrangements in the MOH therefore strengthening existing systems. Over the long term, Heartfile sees itself in a technically supportive role.

Though this program has encountered implementation challenges, work is currently underway to implement its first phase which involves the setting up of an integrated NCD surveillance system,<sup>12</sup> the launching of a behavioral change communication strategy through the media and Pakistan's field force of Lady Health Workers (Pakistan's field force of

grass roots level health workers) and tabling key legislative actions in support of broad-based population strategies for NCD prevention and control.<sup>13</sup> (Details about implementation are posted at and related publications can be accessed at

Key implementation challenges in rolling out this program stem from absence of procedural clarity in public-private partnerships and implementation bottlenecks owing to broader governance issues generic to project implementation.

## 2. Partnerships for enhancing outreach

**National Rural Support Program:** Heartfile established a partnership with the National Rural Support Program (NRSP) as part of its Lodhran CVD prevention project (Table 1). A Memorandum of Understanding served as a partnership instrument. As a rural development organization, NRSP had outreach at the grass roots level within the District of intervention and its scope of work sensitized communities to the concept of development. Heartfile used the outreach of the program to deliver its preventive program to poor rural communities and thus tested the feasibility and resource appropriateness of introducing supplementary health education into the ambit of community orientated development activities. This partnership initiative yielded useful lessons for health systems strengthening particularly with reference to up-scaling as it showed that mainstreaming supplementary health education can be more effective if integrated with existing outreach mechanisms (CR). The partnership challenges stemmed from lack clearly outlined roles and responsibilities and accountability patterns; these could have been amenable to a more clearly defined pre-implementation planning;

**National Program for Family Planning and Primary Healthcare:** the National Program for Family Planning and Primary Healthcare (NPFPPHC) is the flagship program of Government of Pakistan and one of its seven federally-led public health programs with implementation arms at the Provincial and District levels. As part of this initiative more than 70,000 LHWs are providing services to more than 50% of Pakistani population at grass root level. The scope of work of LHWs includes reproductive health and infectious diseases. In 2001 as part of expanding the scope of its community demonstration project in Lodhran (Table 1), Heartfile lent impetus to the creation of a partnership with this program at the District level in Lodhran. The partnership instrument was an MoU and the terms of partnership enabled Heartfile to introduce CVD prevention into the work plan of 700 LHWs in a cascade approach. Later this approach was further built upon to expand the scope of the CVD module to a non-communicable disease training package which is currently being used to train LHWs in 17 districts as part of the National Action Plan for NCDs. The approach has enabled the introduction of NCDs into the work plan of an existing cadre of health professionals who have both, the outreach as well as acceptability at a household level to be advocating lifestyle changes and risk reduction, which is what NCD prevention is largely about. Integration of NCD into their work plan was guided by evidence given that it was based on the operational experience in Lodhran and the opportunity to introduce NCDs into a continuing medical education program further strengthened training and obviated the need to create a parallel structure for training; these considerations have implications for systems strengthening

**Jang Group:** as the largest media house, Jang Group owns the largest English and Urdu daily newspapers in the country in addition to owning the most popular satellite television channel.<sup>14</sup> Heartfile developed a partnership with Jang Group earliest on during the course of its evolution as an organization. The primary purpose of building this partnership was to get free print media space, which was then utilized for information dissemination targeting the general population about NCD prevention whereas the secondary objective was to use these articles as tools of advocacy in order to put NCD prevention high on the country's health agenda. The partnership was based on verbal understandings based upon which Jang group offered Heartfile free space in three of its newspapers. The News Daily, which has a circulation of 100,000 newspapers a day; the US magazine – a kids weekly – which accompanies the former once weekly whereas the widely circulated Jang – the local Urdu newspaper – gave weekly space in its popular Sunday magazine on the health page. The free space enabled Heartfile to structure a highly visible print media social marketing campaign, which used the Heartfile mascot and its logo lettering to augment the information posted for health education. A post intervention evaluation showed significant impact in terms of modifying knowledge levels within the general population demonstrating that newspaper articles are a useful supplement to other health education activities. This quasi-prescribed partnership was of immense value to Heartfile in its early days, both in terms of project implementation and advocacy as well as enabling it to gain visibility. However it needed active follow up on Heartfile's part to continue to receive support from Jang Group for free space. The newspapers limited trust for the non-profit sector in general and its policies with respect to organizational visibility were impediments to the social marketing perspective of the campaign whereas commercial considerations vis-à-vis the public service spirit frequently affected decisions around placements and the frequency of placement of articles.

**Pakistan Television:** the second partnership which Heartfile forged in the area of public awareness was with Pakistan Television (PTV) – the state owned national television channel with terrestrial outreach to over 95% of the Pakistani population. The purpose of this partnership as to get subsidized time to air its electronic media campaign “Learn to Live Longer”, which focused on creating public awareness about NCDs and their prevention and control. The instrument of partnership was a legal contract through which PTV offered Heartfile subsidized time to air 365 programs and free 45 seconds commercial time accompanying each program. Heartfile further capitalized the opportunity within this arrangement to foster another linkage with a telecom company with which Heartfile had no conflict of interest. In this arrangement the commercial time was passed free of cost to the telecom company, which in turn bore the cost of the campaign. The ‘Learn to Live Longer’ also involved yet another partnership in this complex arrangement before it took off the ground – in this instance with a premier private production house ‘Serendip Productions’ with the purpose of reducing production costs and benefiting from the expertise of the latter from a design perspective. In this instance, the partnership instrument was a letter of understanding.

The ‘Learn to Live Longer’ campaign featured a daily five minutes program on PTV for a three month duration (October 2005-January 2006). The aforementioned partnership arrangements enabled Heartfile to structure a high impact public awareness intervention

by capitalizing on its own experience in the area, the resources of socially responsible corporate agency, the expertise of a production house and the opportunity that PTV provided. Such partnerships in which behavior change communication builds on respective opportunities not only make these high-budget interventions cost-effective but also sustainable. However complex partnership arrangements bring in their wake many challenges such as turf issues, lack of clarity between roles and responsibilities, conflicting objectives and credit acquisition. These must receive careful attention during the planning phase.

**Pharmaceutical companies:** Heartfile developed a partnership with a pharmaceutical company for the purpose of distributing its physician awareness tools and a regular newsletter which featured Heartfile's activities over a 3 years duration commencing 1999. Targeted at physicians for the purpose of priming them to the concepts of prevention, the newsletter carried Heartfile's activities as well as abbreviated versions of contemporary guidelines relating to cardiovascular diseases prevention. These were accompanied by physician awareness tools. This partnership brought value to Heartfile since early on its course of development, it leveraged on the strength of a pharmaceutical company to distribute materials of relevance to its mission. In such partnerships the consideration of conflict of interests are paramount – a concern Heartfile was conscious of, given its overall focus in the area around the ethics of public private partnerships and the need to build safeguards around them.<sup>15</sup> The partnership was discontinued because of the organization's change of focus from print media to an electronic newsletter, thus obviating the need for a distribution channel.

**ProCOR:** more recently, a partnership is on its way to being established with ProCOR - a global health communication program promoting cardiovascular health in low-resource settings. ProCOR uses email and the internet for the exchange of timely, accurate, and relevant information among a diverse global community involved in medicine, public health, policy, and research. The purpose of this partnership is to develop a monthly newsletter – the *CVD Prevention global news update* – which will compile a selection of relevant, timely news from ProCOR's global dialogue and disseminate it to an audience in Pakistan.

**UDL distributors:** United Distribution Limited is a consumer distribution agency with a country wide network. Heartfile developed a linkage with this agency for the purpose of getting its public awareness pamphlets placed as consumer items on pharmacy stores within the country in the year 1999. The approach was pilot tested in selected cities all over the country for a one year duration. However the profit margins were not high enough for the distribution agency to consider it as a sustainable consumer distribution item and the level of engagement in this was regarded as too extensive on their part to pursue this on a goodwill basis. The pilot experiment did not fly, and Heartfile abandoned the approach thus distributing the pamphlets free of cost as part of its various projects. The lesson showed that partnerships need to be sustainable and in line with organizational priorities on both sides in order to crystallize on a long-term basis.

### 3. Partnerships for resource mobilization

**Development partners:** Heartfile established partnerships with many bilateral international agencies in order to mobilize resources. In most instances, project documents served as partnership instruments. Partnership with the Canadian International Development Agency (CIDA) through its Canada Fund project extended over a 3 years duration (1998-2001). The initial linkage was for the purpose of supporting Heartfile's information giveaways; the second was an institutional grant to Heartfile which also supported its public awareness campaign whereas the third was a strategic grant for the NAP-NCD program. CIDA also currently partners in the Pakistan Health Policy Forum (PHPF), albeit without any resource inputs.

A partnership was also developed with the European Union funded Trust for Voluntary Organizations to support the Heartfile's JC project over a 2-year duration (2002-04). Subsequently a partnership was developed with the Department For International Development (UK) over a three-year duration (year 2001-2004). This was partly to support the Heartfile Lodhran CVD prevention project and partly for funding the information dissemination campaigns. DFID also currently participates in the Heartfile-led PHPF. The most recent of Heartfile's partnership with bilateral development agencies is with German Technical Cooperation, which channeled token funding into PHPF.

Several partnerships also exist with World Health Organization (WHO) at headquarter, regional office – Eastern Mediterranean Region (EMRO) – and country office levels. Partnerships at the Headquarter level are referred to in the research section. At the EMRO level collaboration has been established with the NCD department to replicate NAP-NCDs in other EMRO countries; in addition an active collaboration also exists with the Health Systems and Policy and Research units through the work Heartfile has initialized with PHPF. Moreover Heartfile has an active collaboration with the Pakistan WHO country office both in the NAP-NCD program where WHO is the third partner in the coalition and its budgets have been ring fenced for supporting the program as well as in PHPF in addition to many other areas.

**Corporate Social Responsibility:** Heartfile's Corporate Social Responsibility Program seeks to engage corporate partners in its multi-pronged initiatives and is aimed at fostering ethical and transparent collaborative linkages and harnessing their support towards achieving mutually compatible goals.<sup>16</sup> Within this framework, Heartfile established a partnership with a telecom company – Mobilink – which supported the Learn to Live longer campaign. Partnering in the campaign enabled the corporate sector partner to proactively work on a social sector issue, promote a socially responsible image as well as save costs. Though apparently straightforward, partnerships with the for-profit sector can be contentious if the right safeguards at a policy and operational level are not factored into planning. These have been referred to collectively in a subsequent section of this paper.



#### 4. Partnerships for NCD advocacy

Advocacy was one of the core objectives of Heartfile's scope of work after its inception with an overall view to mainstream NCD on the health agenda both at a country level and internationally. In order to achieve this purpose at a country level it partnered with local apex professional associations. The former included Pakistan Cardiac Society, the Diabetic Association of Pakistan, etc. Later this expanded to a much broader base through the creation of the National NCD Forum, in which many professional associations were represented through participation of constituent members; this Forum also brought together many international experts in the NCD domain.

At an international level, Heartfile actively collaborated with the World Heart Federation and WHO through representation at governance and planning levels.<sup>1718</sup> Heartfile's partnership with the aforementioned organizations and others such as the Centers for Disease Control, the SAARC cardiac society and the International Union for Health Promotion and Education also helped to build capacity in the area of NCDs prevention in the developing countries.<sup>1920</sup>

#### 5. Partnerships for Research

A number of partnerships were developed to foster research in various areas; these have been outlined in Table 1. These partnerships were straightforward, for a specific duration and did not endure any long term challenges.

#### 6. Partnership for Policy

Heartfile's hallmark partnership involves the recent establishment of Pakistan's Health Policy Forum. This initiative is largely based on partnership arrangements. Membership of the Forum includes all categories of health professionals and service providers from the public and private sectors at individual and institutional levels; non-governmental organizations; bilateral and multilateral development agencies; pharmaceutical, traditional medicine and professional associations and representatives of the Government and the people. Within the context of the inter-sectoral scope of health, the Forum membership also includes expert economists, gender-, social sector-, and poverty specialists, and management, media and technology consultants. The think tank has been set up to stimulate, assist in the development of and monitor health policies, foster their implementation and catalyze change through technical and policy support. It also provides a neutral platform for synchronizing stakeholder efforts — including those of the civil society and the people — within the health sector in Pakistan. The unprecedented forum membership is outlined in Table 1.

The recently outlined strategic plan of PHPF outlines the manner in which partnerships are leveraged for achieving envisaged outcomes.<sup>21</sup> After the release of its first publication – the Gateway Paper,<sup>22</sup> which makes a case for and outlines the direction of health reforms within the country – PHPF envisages the development of the 'Gateway Health Policy Scaffold' and its adoption by the Government of Pakistan as its first outcome. The Forum will capitalize its partnership constitution to release this as a Forum Consensus

Statement.<sup>23</sup> Currently the partnership paradigm is being utilized for the purpose of generating evidence in various *domains*, setting of priorities and mainstreaming evidence generated into the Gateway Health Policy Scaffold. Partnership with a Provincial Government – the Government of NWFP – is currently enabling it to assess broader mandate-related policy issues at the Federal-Provincial interface and its operational linkage with the NWFP Health Reform unit will enable the setting up of pilot projects on proposed lines. The forum also capitalizes its core function to provide a sustainable stakeholder-convening institutional mechanism for partner initiatives and a point of national contact for stakeholders within the health sector as is outlined in its strategic plan. Through its partnership with mandated organizations a regular interfacing with policy makers will also be ensured.

### Lessons learnt

Developing partnerships necessitates careful structuring and skillful handling and their management necessitates the implementation of programs, which bring value to both partners – only then can partnerships be truly sustainable.

The Heartfile experience in Pakistan – spanning from public awareness to policy – has shown that partnerships can bring value to individual efforts by the non-profit sector for health systems strengthening. Leveraging appropriate partnerships for the right purpose has enabled the organization to develop innovations in the health sector; contribute knowledge in the areas of health policy and public health planning, mainstream a program area and set the agenda of health system reforms. However, in this course a number of lessons have been learnt, which are worth sharing. *Firstly*, organizations must clearly uphold a set of norms and ethical principles while forging partnerships particularly with reference to ‘benefit at large’ rather than ‘mutual benefit to the partners’, the sharing of common goals and outcome orientation. Partnerships must be set within the context of ‘social responsibility’ and strengthening systems and safety nets with equity as a prime consideration rather than undermining the already existing institutional processes.

*Secondly* in addition to ethical and normative considerations, attention should be paid to overarching factors which go beyond a mere attempt to bring procedural clarity in interface arrangements; within this context a true distinction should be made between partnerships and other relationships. These relate to methodological, accountability, sustainability and governance dimensions of true partnerships in a participatory – rather than a contractual and/or *ad hoc* mode. These must be clearly articulated in a set of policy and procedural frameworks at an organizational level. *Thirdly*, conscious safeguards must be built against potential conflict of interest. In the *fourth* place and notwithstanding all the aforementioned considerations, partnerships should be pragmatic and ethically flexible in order to accommodate each partner’s organizational requirements and integrity. Partners must also be committed to making contributions, sharing risks and the decision making process. However, most importantly championing the art of forging partnerships is deeply interlined with the human art of establishing relationships. All

these considerations have underscored the Heartfile example of a *civil society-led* health systems' strengthening effort within Pakistan.

**Table 1. A Profile of Heartfile’s Programs in Pakistan and the partnerships forged**

Area	Program	Partnerships
Behavioral change communication campaigns	<p>Print Media:</p> <p><i>The News-Heartfile Campaign</i>: weekly illustrated articles in <i>The News International</i>—the largest circulated English daily of Pakistan<sup>24</sup></p> <p><i>Jang-Heartfile Campaign</i>: weekly illustrated articles on the 'Sehat' (health) page of the popular Sunday magazine of the daily <i>Jang</i> – the largest circulated Urdu daily of Pakistan<sup>25</sup></p> <p><i>US-Heartfile Campaign</i>: weekly thick-captioned illustrated insertions in the adolescent and youth magazine of <i>The News International</i><sup>26</sup></p> <p><i>Heartfile Public Awareness Leaflets</i>: set of seven information leaflets available on request.<sup>27</sup></p>	<p>JANG group of Newspapers</p> <p>UDL Distributors</p>
	<p>Electronic Media:</p> <p><i>Lambi Zindigi Kay Raz</i> or <i>Learn to Live Longer Campaign</i>: short socially-branded programmes, which focus on chronic disease-related prevention and health promotion based on the principles of social marketing.<sup>28</sup></p>	<p>Pakistan Television</p> <p>Serendip Productions</p> <p>Mobilink (Pakistan Tele-communications Limited)</p>
	<p><i>NAP-NCD interventions</i>: television documentaries and 30-second spots on preventive and promotional aspects of health—within a chronic disease framework—on major national television channels.<sup>29</sup></p>	
<i>The National Action Plan for Prevention and Control of Non-Communicable Diseases and Health Promotion in Pakistan (NAP-NCD)</i>	<p>Designed by Heartfile under a formal agreement with the Ministry of Health and the World Health Organization, this is the official chronic disease prevention programme of the country and its 8<sup>th</sup> National Public health program. The programme is novel both on the account of the public-private partnership model within which it has been set and the framework for action-- which it utilizes to incorporate multidisciplinary interventions across the broad range of chronic diseases into a single model. This model has received international acclaim for the ingenuity of its design (<a href="http://heartfile.org/nap.htm">http://heartfile.org/nap.htm</a>).</p>	<p>Ministry of Health</p> <p>World Health Organization, and</p> <p>The National NCD Forum</p>
Pakistan's Health Policy Forum/Think Tank	<p>Conceptualized and set up by Heartfile, Pakistan's Health Policy Forum is both a think tank and a stakeholder forum in addition to being a mechanism for mainstreaming the voice of the civil society in the decision making process. Its purpose is to stimulate, assist in the development of-, and monitor health polices; foster their implementation and catalyze change through technical and policy support by performing analytical, technically supportive, and advocacy roles and a watchdog function. Drawing on its capacity to analyze strategic issues, it offers evidence-based, locally feasible consensus-driven policy solutions, in support of which it takes an advocacy orientation and provides technical support. With a clear</p>	<p><u>Government Agencies</u>: Ministry of Health; National Health Policy Unit; Planning Commission; National Program for Family Planning and Primary Health Care; Pakistan Medical research council; Institute of Psychiatry; National Institute of Health; Department of Health; Govt. of NWFP; University of Health Sciences, Lahore; Rescue 1122; National Institute of Cardiovascular Diseases</p> <p><u>NGOs</u>: Save the Children; The Network; SPARC; Thardeep; Marie Adelaide; Marie Stopes; Shirkat Gah; HANDS; Rural Support Program Network; People Health Movement Sightsavers</p>

	grounding in ethics, principles, and strategic parameters, the Forum has a clearly articulated structure and an operational plan of action.	<p>Private Medical Academia and Service <u>Delivery</u>: The Aga Khan University; Shaukat Khanum Hospital; SAHARA for Life Trust Baqai Medical University; Frontier Medical College; Shifa International Hospital</p> <p><u>Health Allied Organizations</u>: Human Development Centre; Population Association of Pakistan; Pakistan Centre for Philanthropy; ORACLE; MSCL; Population Council; Sustainable development Policy Institute; Centre for Research on Poverty Reduction and Income Distribution; Pakistan Institute of Legislative Development and Transparency</p> <p><u>Development Partners</u>: World Health Organization; The World Bank UNICEF; ADB; UNAIDS; USAID; GTZ; DFID; CIDA; UNFPA; Packard Foundation John Snow International; The Asia Foundation; TAMA</p> <p><u>Professional Associations</u>: Pakistan Medical Association; Pakistan Nursing Council; Pakistan Society of family Physicians; Diabetic Association of Pakistan; Pakistan Association of Pharmaceutical Physicians; Pharma Bureau; Pakistan Pharmaceutical Manufacturers Association; National Council for Homoeopathy; Pakistan Tibbi Pharmaceutical Manufacturers Association Pakistan Pharmacists Association</p>
Research	The Epidemiological research-related scope of work includes the setting up of an integrated population based surveillance system as part of the NAP-NCD program; conducting the first study to identify causal associations for coronary heart disease in Pakistanis – RISKCORN; participating in the global INTERHEART study and the INTERSPIRE Studies.	St Thomas' Hospital London Mc Master University, Canada Imperial College London
	Health policy and systems research is a core function of the Heartfile-hosted Pakistan Health Policy Forum. In addition, as part of the NAP-NCD program, policy and systems research forms the empirical basis for health system reforms in the area of an integrated approach to chronic disease and health sector reforms in the area of public-private [not-for-profit] collaboration in Pakistan.	WHO EMRO
	At an operational research level, Heartfile is the principle investigator in Pakistan for the PREMISE Study; Validation study for the WHO Risk Management Package and the Global [price of chronic disease medicines] WHO Drug Survey.	WHO Cardiovascular Disease Unit, World Health Organization Geneva Headquarter. <sup>30</sup>
	Establishing NCD surveillance systems in the developing countries.	WHO Department of promotion at the Headquarters in Geneva
Demonstration projects	Heartfile has initiated two pilot and demonstration community and health system interventions which aim to develop sustainable	National Rural Support Program (NRSP) District Department of Health and Education in the Districts of Lodhran, Jhelum and

	<p>and low-resource-setting-sensitive community level and public health strategies and tools for prevention of chronic disease. These interventions are being tested through the DFID-funded Heartfile-Lodhran CVD Prevention Project – a community intervention aimed at reducing the risk factors for CVDs in poor populations; and the EU-funded Heartfile JC Project, with the overall aim of developing sustainable and low-resource-setting-sensitive strategies and tools for primary prevention of CVDs.<sup>6</sup></p>	<p>Chakwal National Program for Family Planning and Primary Healthcare (NPFPPHC)</p>
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