

January 16, 2007

Mr. Syed Anwar Mehmood
Federal Secretary Health
Government of Pakistan
Islamabad

Progress on implementation of the National Action Plan for Non-communicable disease and Health Promotion in Pakistan and impediments – steps ahead

Dear Mr. Mehmood,

I am writing in connection with the National Action Plan for Non-communicable Disease Prevention, Control and Health Promotion in Pakistan, to draw your kind attention to the current status of this program with reference to the steps that are needed ahead in order to take this program forward.

1. The National Action Plan for Non-communicable Disease Prevention, Control and Health Promotion in Pakistan was developed in 2003 under a Memorandum of Understanding of the Ministry of Health with Heartfile and the World Health Organization; the Plan was published and released as per its schedule (<http://heartfile.org/nap.htm>). The design of this program has received wide international acclaim; more than 13 papers relating to its design only have been published in international peer review publications and are available on Medline. The design of this program was spotlighted as the model Public-Private-Partnership approach to chronic diseases in the *World Chronic Disease Report* of the *World Health Organization* (Appendix A). It was also featured in the WHO Chronic Disease Global Forum Meeting in 2004 held in Ottawa, and it is cited as best practice example for a program on NCDs in the Eastern Mediterranean Office of the WHO (Appendix-B).
2. In order to implement this Plan a PC-1 was developed and approved in 2004. The initial PC-1 was approved for a period of 3 years; later on it was extended to the year 2008. The National Nutrition Wing acted as focal point for this program, and some implementing arrangements were meant to be carried out by Heartfile. In addition the DDG International Health also took active part in the implementation of this project. Under the PC-1 there was a budget for Heartfile to implement this program but I would like to draw your attention towards the fact that *Heartfile has never utilized this budget and we have continued, over the last three years, to technically and operationally support this program on a totally pro bono basis in national interest.* Our interest is to get the prevention and control of NCDs institutionalized within the

country given the huge burden of NCDs. As you must be aware, this escalating burden has also been captured by the Pakistan Demographic Surveys, which show that the percentage of deaths attributed to non-communicable diseases has increased from 34.1% in 1992 to 54.9% in 2003; on the other hand, the percentage of deaths attributed to communicable diseases has decreased from 49.8% to 26.2% in the same duration. To highlight this, I am enclosing a page from the Gateway Health Indicators document, which is in the publication pipeline and which cites data from the Pakistan Demographic Surveys (Appendix-C).

3. Over the last three years, there has been some progress in implementing this program; regular quarterly updates on this program have been published and posted online (<http://heartfile.org/nappppp.htm>). The first round of surveillance has been completed, a behavioral change communication campaign is underway and tools have been developed to integrate NCDs into the work plan of LHWs. Implementation is largely supported by MoH development budgets which are utilized through the National Nutrition Wing and the WHO JPRM budgets. May I also take this opportunity to highlight that Heartfile has also been contributing resources generated through other mechanisms to support the interventions. The Surveillance component of this program was supported by funds from the Center for Disease Control, Atlanta and the additional resources for the Behavioral Change Communication campaign were sought through Heartfile's Corporate Social Responsibility program for the *Learn to Live Longer* Campaign.
4. Despite the ingenuity of its design and some progress, there are many operational impediments to the implementation of this program. The impediments to its implementation stem from lack of dedicated institutional mechanism and arrangements in the Ministry of Health. The National Nutrition Wing has been given additional charge and to the best of their ability, given their workload, they have been supporting this program. Notwithstanding, absence of clearly defined implementing arrangements are a major challenge to the success of this program. Given that this is a program, which should cater to preventing over 60% of the mortality and morbidity particularly in adults, a dedicated institutional arrangement is warranted. We are pleased now that the Ministry of Health is trying to address this issue by having advertised for a full time Program Manager. However this needs to be further built on so that a NCD unit can be developed and appropriately resourced.
5. As an NGO with a focus on institutionalizing change, our ultimate objective as relevant to this program is to see this program appropriately institutionalized within the Ministry of Health. We as an NGO are committed to assisting you technically in this effort; however we recognize that it is the prerogative of State agencies to implement public health programmes.
6. In terms of taking this program forward in the short term, we recommend that:
 - a. A National Program Manager for NCDs should be hired; we understand that this decision will be purely based on merit. The program Manager should be given staff and logistic support

- b. An NCD Program should be officially declared by the Ministry of Health;
- c. Over the long term, a new comprehensive extendible national PC 1 should be developed for NCDs, building further on the current PC1; it should be ensured that this has counterpart provincial implementation arrangements; Heartfile will be pleased to provide technical support pro bono in national interest to develop this PC1, if the implementing arrangements are committed by the Ministry of Health. The current efforts underway to develop a PC1 for Injuries and Mental Health can be part of the larger PC1.
- d. Operational responsibilities currently with Heartfile and the National Nutrition Wing should be taken over by the NCD Program.

In the end I would like to draw your kind attention to the Millennium Declaration embodying the MDGs to which Pakistan is a signatory; under Goal 6 “other diseases” have been mentioned, with the expectation that countries would choose to decide what is relevant to their setting for public health action. At this point, I would like to draw your kind attention to the aforesaid Pakistan Demographic Survey Data (Appendix C) according to which 54.9% deaths are attributed to NCDs. Pakistan is first amongst the developing countries to have paid attention to this by developing the tripartite collaboration and the National Plan on NCDs; however it is time now to upscale and institutionalize it.

I hope that the visionary leadership in the Ministry of Health will accord due attention to this matter.

With regards,



Dr. Sania Nishtar; SI, FRCP, Ph.D
President

Cc:

1. Mr. Mohammad Naseer Khan, Federal Minister for Health, Islamabad
2. Maj.Gen. (R) Dr. Shahida Malik, Director General Health, Islamabad
3. Dr. Khalif Bile Mohamud, WR Pakistan, World Health Organization
4. Dr. Ashfaq Ahmed, Deputy Director General Health, Islamabad
5. Dr. Zahid Larik, Deputy Director General Health, Islamabad
6. Dr. Haroon Jehangir, Deputy Director General Health, Islamabad
7. Capt (R) Dr. Raza Mehmood, Deputy Director General Health, Islamabad
8. Prof. Azhar Faruqui, Executive Director, National Institute of Cardiovascular Diseases, Karachi,
9. Prof. Samad Shera, Secretary General, Diabetic Association of Pakistan, Karachi
10. Prof. Rashid Jooma, Jinnah Postgraduate Medical Centre, Karachi
11. Prof. Fareed Aslam Minhas; Head of Psychiatry Dept., RGH, Rawalpindi
12. Dr. Faisal Sultan; CEO, Shaukat Khanum Memorial Hospital, Lahore