

# Community health promotion in Pakistan: a policy development perspective

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**Abstract:** Pakistan was one of the initial signatories to the Alma-Ata Declaration in 1978; however, it was not until 2004 that the first policy dedicated solely to public health and health promotion was launched. The National Action Plan for Prevention and Control of Non-communicable Diseases and Health Promotion in Pakistan has gained a prominent place on the nation's health agenda competing for resources with traditional health policies that focus on treatment, cure and evolving technology. From a health promotion perspective the action plan was unique in that it focused on the community setting through two major behavioral communication change initiatives – one through the media and the other by integrating non-communicable disease prevention into the work plan of the Lady Health Workers.

The development phase of this inaugural public health/health promotion policy follows closely the pathway of the Australian Policy Cycle and celebrates a comprehensive consultation process. Its strength comes from the tripartite partnership between the Government, the World Health Organization and a Non-Government Organization, Heartfile who lent impetus to the creation of the initiative. This public-private partnership greatly facilitated the process of policy development and continues to support research, implementation and evaluation. This paper endeavors to analyze the development of the National Action Plan with a focus on community health promotion. (*Promotion & Education*, 2007, (2): pp 98-99)

**Key words:** community health promotion, policy cycle, public-private partnerships

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## Historical background to health promotion policies in Pakistan

In 1978, Pakistan became one of the initial signatories to the World Health Organization's (WHO) Alma-Ata Declaration, which laid the foundation and target for *Health for All by the Year 2000* (WHO, 1978). One of the five principles to emerge from Alma-Ata focuses on disease prevention, health promotion, and curative and rehabilitative services. Policies to address this principle in Pakistan did not appear until 1990 when the Pakistan Government launched its first *National Health Policy* (Ministry of Health, Government of Pakistan, 1990). From a public health and health promotion perspective this policy focused on school health services; family planning; nutrition programs; malaria control programs; control of communicable diseases (e.g. tuberculosis and infective hepatitis); sanitation and safe drinking water.

In 1997, the second *National Health Policy* (Ministry of Health, Government of Pakistan, 1997) was launched and health promotion and health education received a prominent place under priority health programs and non-communicable diseases, such as, cardiovascular disease, cancer and diabetes were highlighted for prevention and control measures. The focus for health promotion was "health education" and the five principles of the *Ottawa Charter for Health Promotion* (WHO, 1986) as a guiding framework per se were not alluded to.

The most recent *National Health Policy* (Ministry of Health, Government of Pak-

istan, 2001) was launched in 2001 and omits the prevention and control aspect of non-communicable diseases; it does not specifically refer to health promotion and, in relation to public health, the main goal is ...to create mass awareness in public health matters with a major focus on the use of multi-media to disseminate information.

In 2003, a Pakistani non-government organization (NGO) by the name of *Heartfile* (<http://heartfile.org>) approached Pakistan's Ministry of Health and lobbied for the development (implementation and evaluation) of a public health/ health promotion policy that specifically addressed non-communicable diseases from a prevention and wellbeing perspective. A tripartite partnership was formed between the Ministry of Health, the World Health Organization and *Heartfile*, a unique combination of public-private sectors working together to support national health goals (Nishtar et al., 2005).

In 2004, the *National Action Plan for Prevention and Control of Non-communicable Diseases and Health Promotion in Pakistan* (NAP-NCD) (Ministry of Health, WHO and *Heartfile*, 2004) was launched and the first planning phase for implementation was initiated. This public health/health promotion policy is both a policy and an implementation document and is Pakistan's first national policy devoted specifically to the prevention and control of non-communicable diseases and health promotion and therefore is a milestone in public health/health promotion policy development.

## What policy development cycle did the NAP – NCD follow?

In the absence of a *Pakistani Policy Cycle* reference, the *Australian Policy Cycle* (Bridgman & Davis, 2004) has been utilized to analyze the development of the NAP – NCD policy as seen in Figure 1.

Bridgman and Davis (2004) state that *much policy begins with identifying issues* and during the initial planning phase of the NAP-NCD, there was the identification that non-communicable diseases such as cardiovascular disease, lung disease, diabetes and cancer contribute significantly to the illness of the Pakistani population; secondly, these diseases are very costly in their treatment (incurred on the health system) and thirdly, if there are significant numbers of people affected by morbidity then this affects the social and economic productivity of a nation (Heartfile, 2003a).

Figure 1

Identify issues ⇒ policy analysis ⇒ policy instruments ⇒ consultation ⇒ co-ordination ⇒ decision ⇒ implementation ⇒ evaluation ⇒ identify issues etc.

In addition to the identification of the impact that the afore mentioned diseases have on the Pakistani society, they *do not feature prominently in Pakistan's National Health Policy and are not addressed in a prevention and control paradigm* (Heartfile, 2003a). According to Bridgman and Davis

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(2004) *sometimes an existing policy proves no longer effective and requires an overhaul....* and with this new public health/health promotion policy, *Heartfile* identified the fact that the current national health policy did not give due coverage of these non-communicable diseases and community health promotion therefore a new strategic framework was needed.

*Heartfile* successfully identified the issues and put non-communicable diseases, prevention and community health promotion on the agenda for consideration by the Federal Government.

According to Bridgman and Davis (2004), **policy analysis**, is often - though not always - the work of the public service, drawing on broader debates among specialists in a policy field. In the development of the NAP - NCD, decision makers were provided with a situational analysis by *Heartfile* about the policy problem (i.e. non-communicable diseases and health promotion) so the decision makers could make an informed decision and provide information/data for debate. *Heartfile* provided a situational analysis due to their technical expertise in the area which examined programs and policies within Pakistan to review existing prevention and control related efforts and to identify gaps related to policy, implementation and research. The action plan was led by *Heartfile* until the time of its development and launch.

Policy analysis leads to *identification of appropriate policy instruments* (Bridgman & Davis, 2004) and with this public health/health promotion policy, the instrument selected was a national action plan with an Integrated Framework for Action. The dual approach provided a guide for the policy maker and bureaucrat and was scientifically written to appeal to the public health/health promotion community.

Bridgman and Davis (2004) state that, *through consultation, policy proposals are improved, ideas tested and, appropriate, support gathered.* One of the major strengths in the development phase of the NAP - NCD is related to the wide consultation which started with the tripartite collaboration of the Ministry of Health, Government of Pakistan; WHO and *Heartfile*. In addition to the three main partners, other relevant players or actors were consulted, for example: the scientific community; public health practitioners; related organizations; other stakeholders, key leadership and staff.

In an Australian policy cycle context, the **co-ordination** element of the cycle requires discussions with treasury about available funding and to consider the relation between a new proposal (in this example the NAP - NCD) and overall government direction (in this example Pakistan's

*National Health Policy*). The development of the NAP - NCD was well situated within the overall direction of the government's health policy and availability of resources was discussed. *Heartfile* successfully lobbied the Ministry of Health to allocate funding to the action plan and transform it into a program.

The **decision phase** in the policy cycle means consideration by cabinet or other recognized authority and in this case a committee of the Ministry of Health and the Planning Commission had the mandate to take such a decision. According to Bridgman and Davis (2004), **implementation must follow, in which policy is given expression through legislation or a program, in pursuit of the goals agreed by ministers.** With the NAP - NCD an Integrated Framework for Action was included to prioritize and direct the implementation of the policy.

Under a formally approved Planning Commission 1 (PC 1) (Ministry of Health, Planning Commission, 2003) allocations have already been made to support two major community health promotion initiatives namely the media focused behavioral change communication strategy and a communication campaign at the grass roots level utilizing the Lady Health Workers of the National Program for Family Planning and Primary Health Care (2<sup>nd</sup> Goal) (*Heartfile*, Ministry of Health, WHO and 2004).

According to Bridgman and Davis (2004) **evaluation is essential so government can gauge the effects of a policy and adjust or rethink policy design as appropriate.** Similarly, partners that have supported a policy development, such as, WHO and *Heartfile*, also need to know the effectiveness of the policy and to assess the viability of continuing as a partner both in terms of time commitment and other resources (e.g. funding). In addition, evaluation can help in redesigning or fine tuning community health promotion programs in response to process, impact and outcome evaluation findings.

In conclusion, the development of Pakistan's first *National Action Plan for Prevention and Control of Non-communicable Diseases and Health Promotion* adhered to a comprehensive and well planned policy cycle; its implementation in the community setting aimed at promoting health and well-being has been initiated and ongoing monitoring reports indicate a supportive public - private partnership approach.

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