

## Profile

### Sania Nishtar: preventing chronic diseases in Pakistan

When Sania Nishtar became Pakistan's first female cardiologist, in 1996, many of her colleagues saw a bright and lucrative future for her treating rich patients in the private health-care sector. But Nishtar had other ambitions. "When I stood in the cath lab, I often wondered why we were performing coronary angiographies with new catheters in patients who could pay and then washing the same catheters and using them for people who couldn't pay", she recalls. "And in those days I didn't know much about policy, or about charity or regulations. The only thing I knew was that I wanted to find a wider solution, a more sustainable solution. I had no interest in making money or in talking to rich people for hours about their hypertension. I was only interested in helping the underprivileged and making a broader based impact", she says. This ambition led her to found Heartfile in 1998, a non-governmental organisation (NGO) think tank which she describes as "the most powerful health policy voice and catalyst for health reform in Pakistan today". Just 4 years after its inception, Heartfile led the creation of Pakistan's National Action Plan for the Prevention and Control of Non-Communicable Diseases, in partnership with WHO and the Ministry of Health in Pakistan.

The sense of duty to help those less fortunate than herself was drummed into Nishtar by her physician father on a golf course that adjoined the family home in the North-West Frontier Province of Pakistan. As a child, Nishtar was Pakistan's ladies' champion at golf, but when she was 15 years old her father died and she started taking her academic studies much more seriously. "My father taught me the value of honesty and integrity and he taught me the value of making a difference in someone's life. I have not been able to dissociate myself from those values", she says. Nishtar received her medical degree from Khyber Medical College Peshawar in 1986 and soon after she got married and spent the next 6 years at home raising her children. And then while on holiday in London she decided that she would like to take the MRCP examinations, which she passed in 1996. She subsequently did a PhD at Kings College London, travelling back and forth between London and Islamabad to work for Heartfile.

"When I started up Heartfile in 1998, I very much wore a cardiologist's hat", says Nishtar, whose organisation started off by raising public awareness about heart disease. Now, nearly 10 years later, the organisation has widened its remit to encompass all aspects of health-care policy, although Nishtar has chosen to retain the Heartfile name. "It is an NGO that is driven by intellectual contributions and commitments rather than the size of fiscal inputs", says Nishtar. She is keen to point out that Heartfile refuses to accept funding from the commercial sector, from the

Pakistan government, or from many bilateral agencies because she feels that if she did so it may affect the organisation's neutral objectivity. "We are seen as an NGO that gives honest technical advice. We are seen as a neutral voice. We are seen as an honest broker. We are not seen as one of those NGOs that criticise and do nothing else, but as one that helps develop and deploy solutions by working as advocates, offering analytical and technical support, and assuming a watch-dog role", she says.

Soon after launching Heartfile, Nishtar realised that while the Pakistan government had policies in place to deal with communicable diseases and to improve maternal and child health, it did not have a programme for preventing and treating chronic disease. And so in the late 1990s Nishtar started advocating for the government to develop such a programme. In 2003, she was a signatory on a memorandum of understanding for the National Action Plan for the Prevention and Control of Non-Communicable Diseases, and in the years that followed Heartfile has been supporting the government in developing the plan further and in implementing it. "I am helping to upscale the plan into a much larger programme and there seems to be a willingness on the government's part to do that because now they don't perceive us as an entity with vested interests, because over the years they have seen that we work in the public interest and that we don't have anything up our sleeves", says Nishtar. "Our much larger scope of work centred on mainstreaming health reform in Pakistan also takes into consideration the need to reorient public-health priorities", she adds.

The current political situation in Pakistan puts this working relationship on shaky ground and Nishtar is clearly wary of losing the understanding that she has worked so hard to achieve. But she is also realistic about the importance of politics in the health-care sector and she realises that at some point in the future her career may have to change tack if she is to fulfil her ambition to "uphold the voice of the underprivileged and make a broader based impact". She says that many of colleagues think that the natural progression for her would be to enter politics. "I haven't written off that option, but it is a question of the tradeoffs you make", she explains. "If you are put into a role with your hands tied behind your back then you are better off being an activist. There are certain tradeoffs that I cannot make and I am very clear on that. You don't just have to believe in what is right, but you must also follow that in action, because ultimately you have to live with yourself and your conscience."

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